Name: Date:

Posterior Shoulder Instability Questionnaire (PSI-Q)

Final 22 question version

Explanation: For each question you will be asked to rate either your level of pain or difficulty performing different tasks.
The rating scale is designed so that **0** reflects no pain or difficulty while **10** reflects the most severe amount of pain or difficulty.

E.g. 0 1 2 3 4 5 6 7 8 9 10
(No pain) (Most severe pain)

Note: 1. **Please circle one number only**
2. A rating of **2** would represent minimal levels of pain.

A Pain Section:

A1. Rate your level of pain/discomfort in your shoulder when it is at its worst – most severe.

No pain 0 1 2 3 4 5 6 7 8 9 10 Most severe pain

A2. Rate the level of pain/discomfort in your shoulder during the night.

No pain 0 1 2 3 4 5 6 7 8 9 10 Most severe pain

A3. Rate how often you experience pain/discomfort due to your shoulder?

Not at all 0 1 2 3 4 5 6 7 8 9 10 Constantly

B Instability/Weakness/Stiffness Section:

B1. Rate the amount of clicking and/or cracking and/or popping and/or snapping you experience in your shoulder.

No clicking 0 1 2 3 4 5 6 7 8 9 10 Extreme clicking

B2. Rate how loose your shoulder feels

No Loosenes 0 1 2 3 4 5 6 7 8 9 10 Extreme Looseness

B3. Rate how easily your shoulder gives way or comes out of the joint.

Never occurs 0 1 2 3 4 5 6 7 8 9 10 Very Easily

B4. Rate how often you avoid particular activities/positions due to your shoulder during the day.

Not at all 0 1 2 3 4 5 6 7 8 9 10 Constantly

B5. Rate the level of weakness or lack of strength you experience in your shoulder

No weakness 0 1 2 3 4 5 6 7 8 9 10 Extreme Weakness

B6. Rate the level of restriction or loss of movement you experience in your shoulder

No restriction 0 1 2 3 4 **5** 6 7 8 9 0 Extreme Restriction

C Function section:

C1. Rate the level of difficulty that you have performing fast overhead movements due to your shoulder.

(e.g., throwing, tennis serve, swimming)

No difficulty 0 1 2 3 4 5 6 7 8 9 10 Extreme difficulty or unable to perform

C2. Rate the level of difficulty reaching across your body with you affected arm
(e.g. turning the steering wheel across the body/taking off a tight top).

No difficulty 0 1 2 3 4 5 6 7 8 9 10 Extreme difficulty or unable to perform

C3. Rate your level of difficulty pushing heavy objects or weights overhead (e.g. Greater than five kilograms).

No difficulty 0 1 2 3 4 5 6 7 8 9 10 Extreme difficulty or unable to perform

C4. Rate your level of difficulty taking weight or leaning through your arm (e.g. Push up, plank, yoga).

No difficulty 0 1 2 3 4 5 6 7 8 9 10 Extreme difficulty or unable to perform

C5. Rate the level of difficulty you have with sudden or unguarded movements

No difficulty 0 1 2 3 4 5 6 7 8 9 10 Extreme difficulty or unable to perform

C6. Rate the level of avoidance you have lying in certain positions, in bed at night, because of your shoulder

Not at all 0 1 2 3 4 5 6 7 8 9 10 Extreme avoidance

D Occupation and Sport

D1. Rate the level of difficulty you experience in performing your usual occupation.

No difficulty 0 1 2 3 4 5 6 7 8 9 10 Extreme difficulty or unable to perform

☐ Not applicable / does not apply

D2. Rate how much you have had to change/modify your usual occupation in order to compensate for your shoulder problem.

No difficulty 0 1 2 3 4 5 6 7 8 9 10 Extreme difficulty or unable to perform

☐ Not applicable / does not apply

D3. Rate the level of difficulty you experience in performing your primary sporting activity.

No difficulty 0 1 2 3 4 5 6 7 8 9 10 Extreme difficulty or unable to perform

☐ Not applicable / does not apply

D4. Rate how much you have had to modify your primary sporting activity in order to compensate for your shoulder problem.

No difficulty 0 1 2 3 4 5 6 7 8 9 10 Extreme difficulty or unable to perform

☐ Not applicable / does not apply

E Quality of life and Satisfaction section:

E1. Have you modified your lifestyle to avoid potentially damaging or aggravating your shoulder problem?

Not at all	0	1	2	3	4	5	6	7	8	9	10	Totally

E2. How much frustration do you feel because of your shoulder?

No frustration	0	1	2	3	4	5	6	7	8	9	10	Constant Frustration

E3. How happy/unhappy are you with your shoulder?

Extremely happy	0	1	2	3	4	5	6	7	8	9	10	Extremely unhappy

E4. How would you rate your shoulder overall, as a percentage compared to your expectations of a 'normal' shoulder where 0% is poor and 100% is very good?

_____%

Scoring: Add the sum of all questions of each section (Section A___/30, Section B___/60, Section C____/60, Section D____/40, Section E___/30). Total of all section: _____. Then divide total by the highest possible score (Total/220). Then multiply by 100 = ____ % E4 is not included in the score. If items are not completed or applicable, the highest possible score of the items is used. Example: 21 out of 22 items completed by 210 (highest possible score) and multiplied by 100.