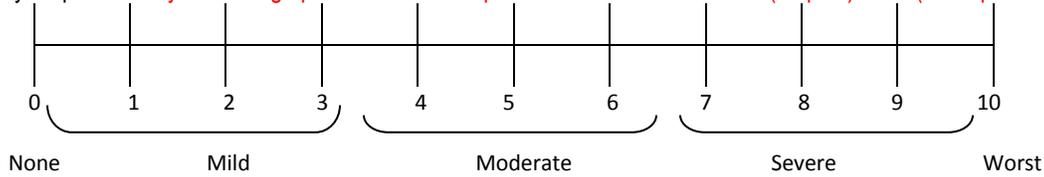


**Quick DASH: (Disability of Arm, Shoulder, Hand)**

Name \_\_\_\_\_ Date \_\_\_\_\_

Intensity of your pain: **Rate your average pain level over the past 24 hours on a scale of 0 (no pain) to 10 (worst pain imaginable).**



**Instructions:** When marking your response, it doesn't matter which hand or arm you use to perform the activity. Please answer based on your ability regardless of how you perform the task. Circle the number that best defines your ability to perform the stated task during the past week. Answer every question. If you did not have the opportunity to perform an activity in the past week, make your best estimate of the most accurate response.

		No Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	Unable
1	Open a tight or new jar lid.	1	2	3	4	5
2	Do heavy household chores (e.g., wash walls, floors)	1	2	3	4	5
3	Carry a shopping bag or briefcase	1	2	3	4	5
4	Wash your back.	1	2	3	4	5
5	Use a knife to cut food.	1	2	3	4	5
6	Recreational activities in which you take some force or impact through your arm, shoulder or hand (e.g., golf, hammer, tennis)	1	2	3	4	5
		<b>Not at all</b>	<b>Slightly</b>	<b>Moderately</b>	<b>Quite a bit</b>	<b>Extremely</b>
7	During the past week, to what extent has your arm, shoulder or hand problem interfered with your normal social activities with your family, friends, neighbors or groups?	1	2	3	4	5
		<b>Not Limited at all</b>	<b>Slightly Limited</b>	<b>Moderately</b>	<b>Severe Difficulty</b>	<b>Unable</b>
8	During the past week, were you limited in your work or other regular daily activities as a result of your arm, shoulder or hand problem?	1	2	3	4	5
	<b>Please rate the severity of your symptoms this past week.</b>	<b>None</b>	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>	<b>Extreme</b>
9	Arm, shoulder, and/or hand pain.	1	2	3	4	5
10	Tingling (pins and needles) in your arm, shoulder or hand	1	2	3	4	5
	<b>Please rate the severity of your symptoms this past week.</b>	<b>None</b>	<b>Mild</b>	<b>Moderate</b>	<b>Severe Difficulty</b>	<b>So much difficulty that I can't sleep</b>
11	How much difficulty sleeping because of pain in your arm, hand, or shoulder?	1	2	3	4	5

The Quick DASH score may not be calculated if there is greater than 1 missing item

Office use only: **Bold #s = raw score**, the number below the bold # is the **calculated score**

11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
<b>0</b>	<b>2</b>	<b>5</b>	<b>7</b>	<b>9</b>	<b>11</b>	<b>14</b>	<b>16</b>	<b>18</b>	<b>20</b>	<b>23</b>	<b>25</b>	<b>27</b>	<b>30</b>	<b>32</b>	34	36	39	41	43	45	48	50	52	55	57	59	61	64	66
41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	Quick DASH Disability/Symptom Score: (sum of responses/n)-1 x25														
68	70	73	75	77	80	82	84	86	89	91	93	95	98	100															