

Name: _____

Date: _____

Score: _____

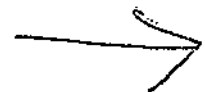
QuickDASH

Please rate your ability to do the following activities in the last week by circling the number below the appropriate response.

	No Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	Unable
1. Open a tight or new jar.	1	2	3	4	5
2. Do heavy household chores (wash floors, walls, etc).	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 (golf, hammering, tennis, etc).	1	2	3	4	5
	Not At All	Slightly	Moderate	Quite A Bit	Extreme
7. During the past week, to what extent has your arm, shoulder, or hand problem interfered with your normal social activities?	1	2	3	4	5
	Not At All	Slightly	Moderate	Very	Unable
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

Please rate the severity of the following symptoms in the last week. (Circle number)

	None	Mild	Moderate	Severe	Extreme
9. Arm, shoulder, or hand pain.	1	2	3	4	5
10. Tingling (pins and needles) in your arm, shoulder, or hand(s)?	1	2	3	4	5
	No Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	So Much That I Can't Sleep
11. During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder, or hand?	1	2	3	4	5



Work Module (Optional)

Score: _____

The following questions ask about the impact of your arm, shoulder, or hand problem on your ability to work (including homemaking if that is your main work role).

Please indicate what your job/work is: _____

- I do not work. (You may skip this section)

Please circle the number that best describes your physical ability in the past week.

Did you have any difficulty:	No Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	Unable
1. Using your usual technique for your work	1	2	3	4	5
2. Doing your usual work because of arm, shoulder, or hand pain	1	2	3	4	5
3. Doing your work as well as you would like	1	2	3	4	5
4. Spending your usual amount of time doing your work	1	2	3	4	5

Sports/ Performing Arts Module (Optional)

Score: _____

The following questions relate to the impact of your arm, shoulder, or hand problem on playing your musical instrument, sport, or both. If you play more than one sport or instrument (or play both), please answer with respect to that activity which is most important to you.

Please indicate the sport or instrument: _____

- I do not play a sport or instrument. (You may skip this section)

Please circle the number that best describes your physical ability in the past week.

Did you have any difficulty:	No Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	Unable
1. Using your usual technique for playing your instrument or sport	1	2	3	4	5
2. Playing your instrument or sport because of your arm, shoulder, or hand	1	2	3	4	5
3. Playing your instrument or sport as well as you would like	1	2	3	4	5
4. Spending your usual amount of time practicing or playing your instrument or sport	1	2	3	4	5

$$\text{Scoring: } \left(\left(\frac{\text{sum of responses}}{N} \right) - 1 \right) \times 25$$