

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

## 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. <b>Do heavy chores (e.g. wash walls, floors)</b> .....	1	2	3	4	5				
3. Carry a shopping bag or briefcase .....	1	2	3	4	5				
4. <b>Wash your back</b> .....	1	2	3	4	5				
5. Use a knife to cut food.....	1	2	3	4	5				
6. <b>Recreational activities in which you take some force or impact through your arm, shoulder</b> ..... 1 2 3 4 5 or hand (e.g., golf, hammering, tennis, etc.)									
	Not At All	Slightly	Moderately	Quite A Bit	Extremely				
7. During the past week, to what extent has your arm, shoulder or hand problem interfered with .. activities with family, friends, neighbors or groups?	1	2	3	4	5 your normal social				
	Not Limited At All	Slightly Limited	Moderately Limited	Very Limited	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				
	None	Mild	Moderate	Severe	Extreme				
9. Arm, shoulder or hand pain .....	1	2	3	4	5				
10. <b>Tingling (pins and needles) in your arm, shoulder or hand</b> .....	1	2	3	4	5				
That I	No	Mild	Moderate	Severe	So Much	Difficulty	Difficulty	Difficulty	Difficulty
									Can't Sleep
11. During the past week, how much difficulty have you had sleeping because of the pain ..... or hand? (circle number)	1	2	3	4	5 in your arm, shoulder				

**QuickDASH DISABILITY/SYMPTOM SCORE** =  $\frac{[(\text{Sum of } n \text{ responses}) - 1]}{n} \times 25$ , where n is equal to the number of completed responses.

A QuickDASH score may not be calculated if there are greater than 1 missing item missing.

QuickDASH Score: \_\_\_\_\_ % disability

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_