QUICK DASH QUESTIONNAIRE

WEDDINGTON PHYSICAL THERAPY & WELLNESS

Name: _____ **Date:** _____ **Score:** _____

Please Read: This questionnaire asks about your symptoms as well as your ability to perform certain activities. Please answer **every question,** based on your condition in the last week, by checking the appropriate box. If you did not have the opportunity to perform an activity in the past week, please make your **best estimate** of which response would response would be the most accurate. 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.

	No Difficulty - 1	Mild Difficulty - 2	Moderate Difficulty - 3	Severe Difficulty - 4	Unable - 5
Open a tight or new jar	☐	☐	☐	☐	☐
Do heavy household chores (e.g. wash walls, floors)	☐	☐	☐	☐	☐
Carry a shopping bag or briefcase	☐	☐	☐	☐	☐
Wash your back	☐	☐	☐	☐	☐
Use a knife to cut food	☐	☐	☐	☐	☐
Recreational activities in which you take some force or impact through your arm, shoulder, or hand (e.g. golf, hammering, tennis)	☐	☐	☐	☐	☐

	Not At All - 1	Slightly - 2	Moderately - 3	Quite A Bit - 4	Extremely - 5
During the past week, **to what extent,** has your arm, shoulder or hand interfered with your normal social activities with family, friends, neighbors or groups?	☐	☐	☐	☐	☐

	Not Limited At All - 1	Slightly Limited - 2	Moderate Limited - 3	Very Limited - 4	Unable - 5
During the past week, were you limited in your work or other regular daily activities as a result of your arm, shoulder, or hand?	☐	☐	☐	☐	☐

Please rate the severity of the following symptoms in the last week:	None - 1	Mild - 2	Moderate - 3	Severe - 4	Extreme - 5
Arm, shoulder or hand pain	☐	☐	☐	☐	☐
Tingling (pins and needles) in your arm, shoulder or hand	☐	☐	☐	☐	☐

	No Difficulty - 1	Mild Difficulty - 2	Moderate Difficulty - 3	Severe Difficulty - 4	So Much Difficulty I Can't Sleep - 5
During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand?	☐	☐	☐	☐	☐