

Name: _____ Date of Birth: _____ Date: _____

QUICK DASH (Disability of Arm, Shoulder, and Hand)

This questionnaire has been designed to give your clinician information as to how your arm/shoulder/hand pain and/or dysfunction have affected you in your everyday activities. Please **CIRCLE** an answer in each section; marking only ONE which best describes your status on average in the past week.

I have _____(level of difficulty) performing:	No Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	Unable
1. Open a tight or new jar.	1	2	3	4	5
2. Doing 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 force or impact through your arm, shoulder, or hand occurs.	1	2	3	4	5

	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 your normal social activities with family, friends, neighbors, or groups?	1	2	3	4	5

	Not Limited At All	Slightly Limited	Moderately Limited	Very Limited	Unable
8. During the past week, were you limited in your work or 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.	None	Mild	Moderate	Severe	Extreme
9. Arm, shoulder, or hand pain.	1	2	3	4	5
10. Tingling (and/or pins and needles) in your arm, shoulder, or hand.	1	2	3	4	5

	Not Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	So Much Difficulty 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

FOR CLINICIAN(S) ONLY:

[(sum of n responses/n)-1]*25 = % of disability (must have all questions answered) **Score:** _____