

## QuickDASH

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

This questionnaire asks you 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 circling the appropriate number. If you did not have the opportunity to perform an activity in the past week, please make your **best estimate** of which response would be most accurate.

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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Do heavy household chores (e.g., wash walls, floors).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Carry a shopping bag or briefcase.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Wash your back.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Use a knife to cut food.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Recreational activities in which you take some force or impact through your arm, shoulder or hand (e.g., golf, hammering, tennis, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Please rate the severity of the following symptoms in the last week. (circle number)</b>		NONE	MILD	MODERATE	SEVERE	EXTREME
9.	Arm, shoulder or hand pain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Tingling (pins and needles) in your arm, shoulder or hand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		NO 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? (circle number)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>QuickDASH Score = ((Sum of all scores / number of answers circled)-1) x 25</b>						

Scores: 1, 2, 3, 4, 5

Total = \_\_\_\_\_ /55

QuickDASH Score = \_\_\_\_\_