

Name: _____

Date: _____

QuickDASH

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

	<u>No Difficulty</u>	<u>Mild Difficulty</u>	<u>Moderate Difficulty</u>	<u>Severe Difficulty</u>	<u>Unable</u>
1. Open a tight or new jar	1	2	3	4	5
2. Do heavy household chores (ex. wash walls, floors)	1	2	3	4	5
3. Carry a shopping bag or a 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 (ex. golf, hammering, tennis, etc.)	1	2	3	4	5
	<u>Not at all</u>	<u>Slightly</u>	<u>Moderately</u>	<u>Quite a bit</u>	<u>Extremely</u>
7. During the past week, to what extent has your arm, shoulder, or hand problem interfered with your normal activities with family, friends, neighbors or groups?	1	2	3	4	5
	<u>Not limited at all</u>	<u>Slightly limited</u>	<u>Moderately limited</u>	<u>Very limited</u>	<u>Unable</u>
8. During the past week, were you limited in your work or other regular activities as a result of your arm, shoulder or hand problem?	1	2	3	4	5
	<u>None</u>	<u>Mild</u>	<u>Moderate</u>	<u>Severe</u>	<u>Extreme</u>
9. Arm, shoulder or hand pain	1	2	3	4	5
10. Tingling (pins and needles) in your arm, shoulder or hand	1	2	3	4	5
	<u>No Difficulty</u>	<u>Mild Difficulty</u>	<u>Moderately Difficulty</u>	<u>Severe Difficulty</u>	<u>So much difficulty that I can't sleep</u>
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

QuickDASH DISABILITY/SYMPTOM SCORE=

$$\left[\frac{\text{(some of n responses)}}{n} \right] - 1$$

X25, where n is equal to the number of completed responses.

*A QuickDASH score may not be calculated if there is greater than 1 missing item