

QUICK DASH

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

PATIENT: _____

DATE: _____

	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	UNABLE
1. Open a tight or new jar.	1	2	3	4	5
2. Do 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 you take some force or impact through your arm, shoulder or hand (e.g., golf, hammering, tennis, etc.).	1	2	3	4	5

	NOT AT ALL	SLIGHTLY	MODERATELY	QUITE A BIT	EXTREMELY
7. During the past week, <i>to what extent</i> 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 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. Tingling (pins and needles) in your arm, shoulder, or hand.	1	2	3	4	5
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	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	DIFFICULTY I CANT 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)	1	2	3	4	5

Disability score = [(Sum of n responses)/n - 1] x 25

SCORE: _____

*QuickDASH DISABILITY/SYMP***TOM SCORE** = $\left[\frac{\text{(sum of n responses)} - 1}{n} \right] \times 25$, where n is equal to the number

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