

PATIENT NAME:

DOB:

DATE:

## QuickDASH

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

	PRE	POST	R	L	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, to what extent has your arm, shoulder or hand problem interfered with your normal social activities with family, friends, neighbours 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

Please rate the severity of the following symptoms in the last week. (circle number)

	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

	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)	1	2	3	4	5

QuickDASH DISABILITY/SYMPTOM SCORE =  $\left( \left[ \frac{\text{sum of } n \text{ responses}}{n} \right] - 1 \right) \times 25$ , 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.