

QuickDASH

Name: _____ Date: _____ File #: _____

Please rate your ability to do the following activities in the last week by circling the number below the appropriate response. Did you have difficulty:

	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 (ex: 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. (ex: golf, hammering, tennis)	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 work or other regular daily activities as a result of your arm, shoulder or hand?	1	2	3	4	5

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

	None	Mild	Moderate	Severe	Extreme
9. Arm, shoulder or hand pain.	1	2	3	4	5
10. Tingling, (pins and needles) in your arm.	1	2	3	4	5

	No Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	So Much Difficulty 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 #)	1	2	3	4	5

QuickDASH Disability/Symptom Score = ((Sum of n responses/n) - 1) 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.