

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Today's Date \_\_\_\_\_

## QUICK DASH

Please rate your ability to do the following activities in the last week by circling the number next to the appropriate response. All red-bordered fields need to be completed in order for the calculation to be accurate.

	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, 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

Please rate the severity of the 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 pain in your arm, shoulder or hand? ( <i>circle number</i> )	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.

Symptom Score: \_\_\_\_\_