

PATIENT NAME:

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.

| | No Difficulty | Mild Difficulty | Moderate Difficulty | Severe Difficulty | Unable |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. Open a tight or new jar. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 2. Do heavy household chores. (e.g., wash walls, floors) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 3. Carry a shopping bag or briefcase. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 4. Wash your back. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 5. Use a knife to cut food. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 6. Recreational activities in which you take some force or impact through your arm, shoulder or hand. (e.g., golf, hammering, tennis, etc.) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

| | 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 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

| | 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 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

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 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 10. Tingling (pins and needles) in your arm, shoulder or hand. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

| | 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 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

QuickDash Disability/Symptom Score - $\left(\frac{\text{sum of } n \text{ responses}}{n} - 1 \right) \times 25$, 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.