

Patient Name: _____

Date: _____

QuickDASH

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

| | NO Difficulty | Mild Difficulty | Moderate Difficulty | Severe Difficulty | Unable |
|--|--------------------|--------------------|------------------------|----------------------|----------------------------|
| 1. Open a tight or new jar..... | 1 | 2 | 3 | 4 | 5 |
| 2. Do heavy 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 |
| | 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 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 = $\frac{[(\text{Sum of } n \text{ responses}) - 1]}{n} \times 25$, where n is equal to the number of completed responses.

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

QuickDASH Score: _____ % disability

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Patient Signature: _____

Date: _____

Therapist Signature: _____

Date: _____