



# QuickDASH

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

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 household chores (i.e. wash walls, wash 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 (i.e. golf, hammering, tennis, etc.).	1	2	3	4	5
	<b>Not At All</b>	<b>Slightly</b>	<b>Moderate</b>	<b>Quite A Bit</b>	<b>Extremely</b>
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
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
<b>Rate the severity of the following symptoms in the last week</b>					
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
11. During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder, or hand?	1	2	3	4	5

QuickDASH Score: \_\_\_\_\_ % disability