

QUICK DASH

Patient Name: _____ Date of Birth: _____ Today's 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 | SEVERELY DIFFICULTY | UNABLE TO DO |
|--|------------------|--------------------|------------------------|------------------------|-----------------|
| 1. Open a tight or new jar. | 1 | 2 | 3 | 4 | 5 |
| 2. Do heavy household chores (i.e., 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 (i.e., 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 TO DO |
|---|-----------------------|---------------------|-----------------------|-----------------|-----------------|
| 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 following 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 IT PREVENTS SLEEP |
|---|------------------|--------------------|------------------------|----------------------|---------------------------------|
| 11. During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand (circle one)? | 1 | 2 | 3 | 4 | 5 |

Since the beginning of therapy my condition has improved:

During the past 24 hours, my maximum pain rating was:

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100% 0 1 2 3 4 5 6 7 8 9 10

This section to be completed by your Physical Therapist/Provider
A Quick DASH score may not be calculated if there is greater than 1 missing item.

QUICK DASH DISABILITY SYMPTOM SCORE
$$\frac{(\text{sum of n response}) - 1 \times 25}{n}$$