

The Disabilities of the Arm, Shoulder and Hand Score(QuickDash)

Clinician's name

Patient's name

DATE

INSTRUCTIONS: This questionnaire asks about your symptoms as well as your ability to perform certain activities. Please answer *every question*, based on your condition in the **last week**. If you did not have the opportunity to perform an activity in the past week, please make your *best estimate* on which response would be the most accurate. It doesn't matter which hand or arm you use to perform the activity; please answer based on you ability regardless of how you perform the task.

Please rate your ability to do the following activities in the last week. (check the appropriate box)

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

7. During the past week, <i>to what extent</i> has your arm, shoulder or hand problem interfered with your normal social activities with family, friends, neighbours or groups?	<input type="radio"/> Not at all	<input type="radio"/> Slightly	<input type="radio"/> Moderately	<input type="radio"/> Quite a bit	<input type="radio"/> Extremely
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?	<input type="radio"/> Not limited at all	<input type="radio"/> Slightly limited	<input type="radio"/> Moderately limited	<input type="radio"/> Very limited	<input type="radio"/> Unable

Please rate the severity of the following symptoms in the last week (check the appropriate box)

9. Arm, shoulder or hand pain	<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Extreme
10. Tingling (pins and needles) in your arm, shoulder or hand	<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Extreme
11. During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand?	<input type="radio"/> No difficulty	<input type="radio"/> Mild difficulty	<input type="radio"/> Moderate difficulty	<input type="radio"/> Severe difficulty	<input type="radio"/> So much difficulty I can't sleep

Thank you very much for completing all the questions in this questionnaire.

QUICK DASH DISABILITY SYMPTOM SCORE
 (sum of n responses) – 1 X 25 where n is equal to the number
 n

Score: