

Name _____ Date _____ DOB _____



Disabilities of the Arm Shoulder and Hand (QuickDASH)

Please answer every question, based on your condition by marking one appropriate answer. If have not performed an activity, please make your best guess as to which response would be. Please answer based on your ability regardless of how you perform the task. We realize you may feel that two of the statements may describe your condition, but please mark only the line which most closely describes your current condition.

Did you have surgery for this issue prior to receiving therapy?

- Yes
- No

Pain Score: Over the past 24 hours, how bad has your pain been? (circle one)

No Pain 0 1 2 3 4 5 6 7 8 9 10 Worst Imaginable Pain

For the next set of questions, please rate your ability to do the following activities in the **last week** by marking the box that corresponds to the most appropriate response.

<p>1. Open a tight or new jar</p> <ul style="list-style-type: none"><input type="radio"/> No difficulty<input type="radio"/> Mild difficulty<input type="radio"/> Moderate difficulty<input type="radio"/> Severe difficulty<input type="radio"/> Unable to do <p>2. Do heavy household chores (e.g. wash walls, wash floor)</p> <ul style="list-style-type: none"><input type="radio"/> No difficulty<input type="radio"/> Mild difficulty<input type="radio"/> Moderate difficulty<input type="radio"/> Severe difficulty<input type="radio"/> Unable to do <p>3. Carry a shopping bag or briefcase</p> <ul style="list-style-type: none"><input type="radio"/> No difficulty<input type="radio"/> Mild difficulty<input type="radio"/> Moderate difficulty<input type="radio"/> Severe difficulty<input type="radio"/> Unable to do <p>4. Wash your back</p> <ul style="list-style-type: none"><input type="radio"/> No difficulty<input type="radio"/> Mild difficulty<input type="radio"/> Moderate difficulty<input type="radio"/> Severe difficulty<input type="radio"/> Unable to do	<p>5. Use a knife to cut food</p> <ul style="list-style-type: none"><input type="radio"/> No difficulty<input type="radio"/> Mild difficulty<input type="radio"/> Moderate difficulty<input type="radio"/> Severe difficulty<input type="radio"/> Unable to do <p>6. Recreational activities in which you take some force or impact through the shoulder, hand or arm. (golf, hammering, tennis etc.)</p> <ul style="list-style-type: none"><input type="radio"/> No difficulty<input type="radio"/> Mild difficulty<input type="radio"/> Moderate difficulty<input type="radio"/> Severe difficulty<input type="radio"/> Unable to do <p>7. To what extent has your arm, shoulder or hand problem interfered with your normal social activities with family, friends, neighbors, or groups?</p> <ul style="list-style-type: none"><input type="radio"/> Not at all<input type="radio"/> Slightly<input type="radio"/> Moderately<input type="radio"/> Quite a bit<input type="radio"/> Extremely
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Turn Over

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<p>8. Were you limited in your work or other regular daily activities as a result of your arm, shoulder or hand problem?</p> <ul style="list-style-type: none"><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	
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Rate the severity of the following symptoms in the **last week**. Mark one answer for each question.

<p>9. Arm, shoulder, or hand pain</p> <ul style="list-style-type: none"><input type="radio"/> None<input type="radio"/> Mild<input type="radio"/> Moderate<input type="radio"/> Severe<input type="radio"/> Extreme <p>10. Tingling (pins and needles) in your arm, shoulder or hand</p> <ul style="list-style-type: none"><input type="radio"/> None<input type="radio"/> Mild<input type="radio"/> Moderate<input type="radio"/> Severe<input type="radio"/> Extreme	<p>11. How much difficulty have you had sleeping because of pain in your arm, shoulder, or hand?</p> <ul style="list-style-type: none"><input type="radio"/> None<input type="radio"/> Mild difficulty<input type="radio"/> Moderate difficulty<input type="radio"/> Severe difficulty<input type="radio"/> So much difficulty that I can't sleep
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