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

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.

		1	2	3	4	5
1.	Open a tight or new jar	☐ No difficulty	☐ Mild difficulty	☐ Moderate difficulty	☐ Severe difficulty	☐ Unable
2.	Do heavy household chores (eg wash walls, wash floors)	☐ No difficulty	☐ Mild difficulty	☐ Moderate difficulty	☐ Severe difficulty	☐ Unable
3.	Carry a shopping bag or briefcase	☐ No difficulty	☐ Mild difficulty	☐ Moderate difficulty	☐ Severe difficulty	☐ Unable
4.	Wash your back	☐ No difficulty	☐ Mild difficulty	☐ Moderate difficulty	☐ Severe difficulty	☐ Unable
5.	Use a knife to cut food	☐ No difficulty	☐ Mild difficulty	☐ Moderate difficulty	☐ Severe difficulty	☐ Unable
6.	Recreational activities in which you take some force or impact through your arm, shoulder or hand (eg golf, hammering, tennis, etc)	☐ No difficulty	☐ Mild difficulty	☐ Moderate difficulty	☐ Severe difficulty	☐ Unable
7.	During the past week, *to what extent* has your arm, shoulder or hand problem interfered with your normal social activities with family, friends, neighbours or groups?	☐ Not at all	☐ Slightly	☐ Moderately	☐ Quite a bit	☐ 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?	☐ Not limited at all	☐ Slightly limited	☐ Moderately limited	☐ Very limited	☐ Unable
Please rate the severity of the following symptoms in the last week						
9.	Arm, shoulder or hand pain	☐ None	☐ Mild	☐ Moderate	☐ Severe	☐ Extreme
10.	Tingling (pins and needles) in your arm, shoulder or hand	☐ None	☐ Mild	☐ Moderate	☐ Severe	☐ Extreme
11.	During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand?	☐ No difficulty	☐ Mild difficulty	☐ Moderate difficulty	☐ Severe difficulty	☐ Unable
	ROW TOTALS					

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

(add the row totals, divide by 11 (number of items); subtract 1 and multiply by 25 to obtain % score).