

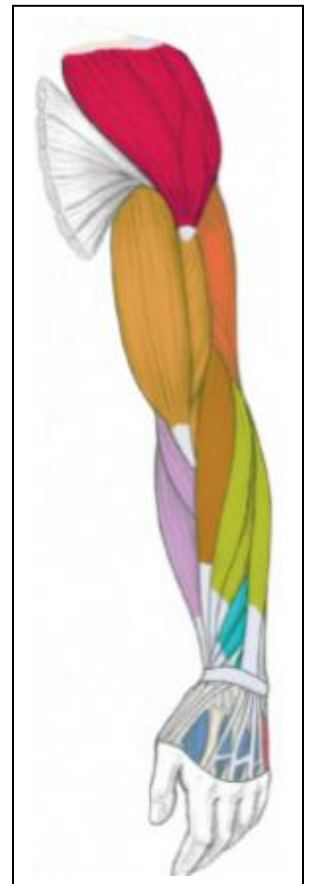
**QUICK DASH Outcome measure – Disabilities of the Arm, Shoulder & Hand**

**PATIENT NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

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 give your best estimate on which response would be the most accurate. It does not matter which hand or arm you use to perform the activity; please answer based on your ability regardless of how you perform the task.

**Please rate the DIFFICULTY doing the following in the last week**

1. Open a tight or new jar  
1 No difficulty      2 Mild difficulty      3 Moderate      4 Severe      5 Unable
2. Do heavy household tasks (e.g. wash walls, wash floors)  
1 No difficulty      2 Mild difficulty      3 Moderate      4 Severe      5 Unable
3. Carry a shopping bag or briefcase  
1 No difficulty      2 Mild difficulty      3 Moderate      4 Severe      5 Unable
4. Wash your back  
1 No difficulty      2 Mild difficulty      3 Moderate      4 Severe      5 Unable
5. Use a knife to cut food  
1 No difficulty      2 Mild difficulty      3 Moderate      4 Severe      5 Unable
6. Recreational activities in which you take some force or impact through your arm, shoulder, or hand (e.g. golf, hammering, tennis etc)  
1 No difficulty      2 Mild difficulty      3 Moderate      4 Severe      5 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, neighbors or groups?  
1 No difficulty      2 Mild difficulty      3 Moderate      4 Severe      5 Unable
8. During the past week, were you limited in your work or other regular daily activities because of your arm, shoulder, or hand problem?  
1 No difficulty      2 Mild difficulty      3 Moderate      4 Severe      5 Unable



**Please rate the severity of the following symptoms in the last week**

9. Arm, shoulder, or hand pain at all  
1 Not at all      2 Slightly      3 Moderately      4 Quite a bit      5 Extremely
10. Tingling (pins/needles) in your arm, shoulder, or hand  
1 Not at all      2 Slightly      3 Moderately      4 Quite a bit      5 Extremely
11. During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder, or hand?  
1 Not at all      2 Slightly      3 Moderately      4 Quite a bit      5 Extremely

**FOR OFFICIAL USE ONLY**

DASH disability/symptom score = \_\_\_\_\_ ( [(sum of n responses / n) - 1] x 25, where 'n' is the number of the *completed* responses)  
A DASH score cannot be calculated if there are greater than 3 missing responses