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

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** (circle the applicable number). 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 your ability regardless of how you perform the task.

	No Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	Unable
1. Open a tight or new jar.	1	2	3	4	5
2. Do heavy household chores (e.g.,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 (e.g. golf, tennis, hammering, 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
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 1	Sightly Limited 2	Moderately Limited 3	Very Limited 4	Unable 5
Please rate the severity of the following symptoms in the last week.	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
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	So Much Difficulty That I Can't Sleep
	1	2	3	4	5

Quick DASH DISABILITY/SYMPTOM SCORE =