

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

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Instructions: For each question, please circle the ONE number that best describes your condition in the **last week**. If you did not perform an activity in the past week, 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.

	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

	Not Limited at All	Slightly Limited	Moderately Limited	Very Limited	Unable
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?	1	2	3	4	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

	No Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	So Much Difficulty That I Can't Sleep
11. During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand?	1	2	3	4	5

A *QuickDASH* score may not be calculated if there is greater than 1 missing item.