

# Quick DASH

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

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

Please rate your ability to do the following activities in the last week by circling the number below appropriate response.

	No Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	Unable
1. Open a tight or new jar	1	2	3	4	5
2. Do heavy chores (wash floors)	1	2	3	4	5
3. Carry 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, has force or Impact through arm, shoulder or hand	1	2	3	4	5

Not at all      Slightly      Moderately      Quite a bit      Extreme

7. During the past week, to what extent has arm, shoulder or hand problem interfere with normal social activities	1	2	3	4	5
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Not Limited      Slightly      Moderately      Very      Unable

8. During the past week, were you limited in your work or other regular daily activities, because of arm, shoulder or hand	1	2	3	4	5
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None      Mild      Moderate      Severe      Extreme

9. Arm, shoulder or hand pain	1	2	3	4	5
10. Tingling (pins/needles) in arm, shoulder or hand	1	2	3	4	5
11. During past week, how much difficulty have you had sleeping because of pain in arm, shoulder or hand	1	2	3	4	5

QuickDASH score: \_\_\_\_\_ % disability