QUICK DASH

Patient Name: _____ Date of Birth: _____ Today's Date: _____

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

	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERELY DIFFICULTY	UNABLE TO DO
1. Open a tight or new jar.	1	2	3	4	5
2. Do heavy household chores (i.e., 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 (i.e., golf, hammering, tennis 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 TO DO
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 (circle number).

	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 IT PREVENTS SLEEP
11. During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand (circle one)?	1	2	3	4	5

Since the beginning of therapy my condition has improved:

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

During the past 24 hours, my maximum pain rating was:

0 1 2 3 4 5 6 7 8 9 10

This section to be completed by your Physical Therapist/Provider
A Quick DASH score may not be calculated if there is greater than 1 missing item.

QUICK DASH DISABILITY SYMPTOM SCORE

$$\frac{\text{(sum of n response)} - 1}{n} \times 25$$