([(sum of n responses / n) -1] x 25) =

*Quick***DASH DISABILITY/SYMPTOM SCORE**

**Quick DASH - INSTRUCTIONS Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_**

* 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, by circling the appropriate number.
* If you did not have the opportunity to perform an activity in the past week, please make your *best estimate* of 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, 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 **1 2 3 4 5**

your normal social activities with family, friends,

neighbors or groups?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **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.** *(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**

**MILD**

**MODERATE**

**SEVERE**

**SO MUCH**

**DIFFICULTY**

**DIFFICULTY**

**DIFFICULTY**

**DIFFICULTY**

**DIFFICULTY I**

**CAN’T SLEEP**

11. During the past week, how much difficulty have

 you had sleeping because of the pain in your arm, **1 2 3 4 5**

 shoulder or hand *(circle number).*

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