



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

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

PID: \_\_\_\_\_

## QuickDASH

Please rate your ability to do the following activities in the last week by circling the number of the 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 household chores (e.g. wash walls, floors, etc.)	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, etc.)	1	2	3	4	5
	<b>NOT AT ALL</b>	<b>SLIGHTLY</b>	<b>MODERATELY</b>	<b>QUITE A BIT</b>	<b>EXTREMELY</b>
7 During the past week, <i>to what extent</i> has your arm or shoulder interfered with your normal social activities with family, friends or groups?	1	2	3	4	5
	<b>NOT LIMITED</b>	<b>SLIGHTLY LIMITED</b>	<b>MODERATELY LIMITED</b>	<b>VERY LIMITED</b>	<b>UNABLE</b>
8 During the past week, where you limited in your work or other daily activities as a result of you arm, shoulder or hand problem?	1	2	3	4	5

<b>Please rate the severity of the following symptoms in the last week.</b>	NONE	MILD	MODERATE	SEVERE	EXTREME
9 Arm, shoulder or hand pain	1	2	3	4	5
10 Tingling (pins & needles) in your arm, shoulder or hand.	1	2	3	4	5
	<b>NO DIFFICULTY</b>	<b>MILD DIFFICULTY</b>	<b>MODERATE DIFFICULTY</b>	<b>SEVERE DIFFICULTY</b>	<b>SO MUCH DIFFICULTY THAT I CAN'T SLEEP</b>
11 During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand? (circle number)	1	2	3	4	5



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**WORK MODULE (OPTIONAL)**

The following questions ask about the impact of your arm, shoulder problem on your ability to work (including homemaking if that is your main work role).

Please indicate what your job/work is: \_\_\_\_\_

I do not work ( You may skip this section).

**Please circle the number that best describes your physical ability in the past week.**

Did you have any difficulty:	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	UNABLE
1 Using your usual technique for your work	1	2	3	4	5
2 Doing your usual work because of your arm, shoulder, or hand pain?	1	2	3	4	5
3 Doing your work as well as you would like?	1	2	3	4	5
4 Spending your usual amount of time doing your work?	1	2	3	4	5

**SPORTS/PERFORMING ARTS MODULE (OPTIONAL)**

The following questions relate to the impact of your arm, shoulder or hand problem on playing your musical instrument or sport or both. If you play more than one sport or instrument (or play both), please answer with respect to the activity that is most important to you.

Please indicate the sport or instrument which is most important to you: \_\_\_\_\_

I do not play a sport or an instrument (You may skip this section).

**Please circle the number that best describes your physical ability in the past week.**

Did you have any difficulty:	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	UNABLE
1 Using your usual technique for playing your instrument or sport?	1	2	3	4	5
2 Playing your musical instrument or sport because of arm, shoulder or hand pain?	1	2	3	4	5
3 Playing your musical instrument or sport as well as you would like?	1	2	3	4	5
4 Spending your usual amount of time practicing or instrument or sport?	1	2	3	4	5