

# QuickDASH Score



because results matter...

<b>Name:</b>	<b>DOB:</b>	<b>Today's Date:</b>
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Please answer every question based on your condition in the **last week**:

If you did not have the opportunity to perform the activity in the last week, please make your best estimate of which response would be most accurate.

It does not matter which hand or arm you use to perform the activity, please answer based on your ability regardless of how you perform the task.

Please rate your ability to do each of the following activities in the last week. (please circle most appropriate answer)						
1. Open a tight or new jar	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable	
2. Do heavy household chores (eg. wash floors or walls)	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable	
3. Carry a shopping bag or briefcase	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable	
4. Wash your back	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable	
5. Use a knife to cut food	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable	
6. Recreational activities in which you take some force/impact through your arm, shoulder or hand (eg. golf, hammering, tennis, etc.)	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable	
7. During the past week, to what extent has your arm, shoulder or hand problem interfered with your normal social activities with family, friends, neighbours or groups?	Not at all	Slightly	Moderately limited	Quite a bit	Extremely	
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?	Not limited at all	Slightly limited	Moderately limited	Very limited	Unable	
Please rate the severity of each of the following symptoms in the last week.						
9. Arm, shoulder or hand pain	None	Mild	Moderate	Severe	Extreme	
10. Tingling (pins and needles) in your arm, shoulder or hand	None	Mild	Moderate	Severe	Extreme	
11. During the past week, how much difficulty have you had sleeping because of your arm, shoulder or hand?	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	So much difficulty I can't sleep	

Please describe the type of job you had before your injury/surgery: \_\_\_\_\_

How long after surgery did you return to any form of work? \_\_\_\_\_

How long after surgery did you return to full duties at work? \_\_\_\_\_

(Office use only)

<b>(Sum of n responses) x 25</b>		<b>TOTAL SCORE</b>	
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