QuickDASH –INITIAL VISIT

INSTRUCTIONS

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.

1. Open a tight or new jar
(1) No Difficulty
(2) Mild Difficulty
(3) Moderate Difficulty
(4) Severe Difficulty
(5) Unable

2. Do heavy household chores (e.g., wash walls, floors).
(1) No Difficulty
(2) Mild Difficulty
(3) Moderate Difficulty
(4) Severe Difficulty
(5) Unable

3. Carry a shopping bag or briefcase.
(1) No Difficulty
(2) Mild Difficulty
(3) Moderate Difficulty
(4) Severe Difficulty
(5) Unable

4. Wash your back.
(1) No Difficulty
(2) Mild Difficulty
(3) Moderate Difficulty
(4) Severe Difficulty
(5) Unable

5. Use a knife to cut food.
(1) No Difficulty
(2) Mild Difficulty
(3) Moderate Difficulty
(4) Severe Difficulty
(5) Unable

6. Recreational activities in which you take some force or impact through your arm, shoulder or hand (e.g., golf, hammering, tennis, etc.).
(1) No Difficulty
(2) Mild Difficulty
(3) Moderate Difficulty
(4) Severe Difficulty
(5) 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, neighbors or groups?
(1) Not At All
(2) Slightly
(3) Moderately
(4) Quite A Bit
(5) 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?
(1) Not Limited At All
(2) Slightly Limited
(3) Moderately Limited
(4) Very Limited
(5) Unable

9. Arm, shoulder or hand pain.
(1) None
(2) Mild
(3) Moderate
(4) Severe
(5) Extreme

10. Tingling (pins and needles) in your arm, shoulder or hand.
(1) None
(2) Mild
(3) Moderate
(4) Severe
(5) Extreme

11. During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand?
(1) No Difficulty
(2) Mild Difficulty
(3) Moderate Difficulty
(4) Severe Difficulty
(5) So Much Difficulty That I Can't Sleep

Please rate your pain level with activity**:**

0	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Office use only: Patient ID#:_____ Therapist:_____

Diagnosis: _____ Date: _____