



PATIENT NAME	DOB
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CIRCLE THE NUMBER BELOW THE APPROPRIATE RESPONSE FOR EACH ITEM.

Rate your ability to do the following activities in the past week:

	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

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?.....

	NOT AT ALL	SLIGHTLY	MODERATELY	QUITE A BIT	EXTREMELY
	1	2	3	4	5

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
	1	2	3	4	5

Rate the severity of the following symptoms in the past week:

	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

11. During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand?.....

	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	SO MUCH DIFFICULTY THAT I CAN'T SLEEP
	1	2	3	4	5

QuickDASH DISABILITY/SYMPTOM SCORE =

$\{[(\text{Sum of } n \text{ responses}) \div n] - 1\} \times 25$, where n is equal to the number of completed responses

A QuickDASH score may not be calculated if there is greater than 1 missing item.

PATIENT SIGNATURE	DATE
STAFF NAME / TITLE	DATE

YAVAPAI REGIONAL MEDICAL CENTER
PHYSICAL REHABILITATION SERVICES

QUICK DASH

WORK MODULE (OPTIONAL)

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

WHAT IS YOUR JOB/WORK? _____

I DO NOT WORK
(You may skip this section)

CIRCLE THE NUMBER BELOW THE APPROPRIATE RESPONSE 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 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 ask about the impact of your arm, shoulder or hand problem on your ability to play *your musical instrument or sport or both*. If you play more than one sport or musical instrument (or play both), please answer with respect to that activity which is most important to you.

WHAT IS THE SPORT
OR MUSICAL INSTRUMENT
WHICH IS MOST IMPORTANT TO YOU? _____

I DO NOT PLAY A SPORT OR MUSICAL INSTRUMENT
(You may skip this section)

CIRCLE THE NUMBER BELOW THE APPROPRIATE RESPONSE 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 musical 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 playing your musical instrument or sport?.....	1	2	3	4	5

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