



Quick DASH

SHOULDER, ELBOW, HAND

Please rate your ability to do the following activities in the last week by circling the number below with the appropriate response.

	No Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	Unable
1) Opening a Tight 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 your normal social activities with family, friends, neighbors or groups?	1	2	3	4	5
	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
	None	Mild	Moderate	Severe	Extreme
Please rate the severity of the following symptoms in the last week (<i>Circle Number</i>)					
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
	No Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficult	I Can't Sleep
11) During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand? (<i>Circle Number</i>)	1	2	3	4	5
Column Total					

Score: _____

Therapist Name: _____

Date: _____ I/E F/U D/C

$$\text{Disability / Symptoms Score} = \left(\left[\frac{\text{Sum of n responses}}{n} \right] - 1 \right) \times 25$$

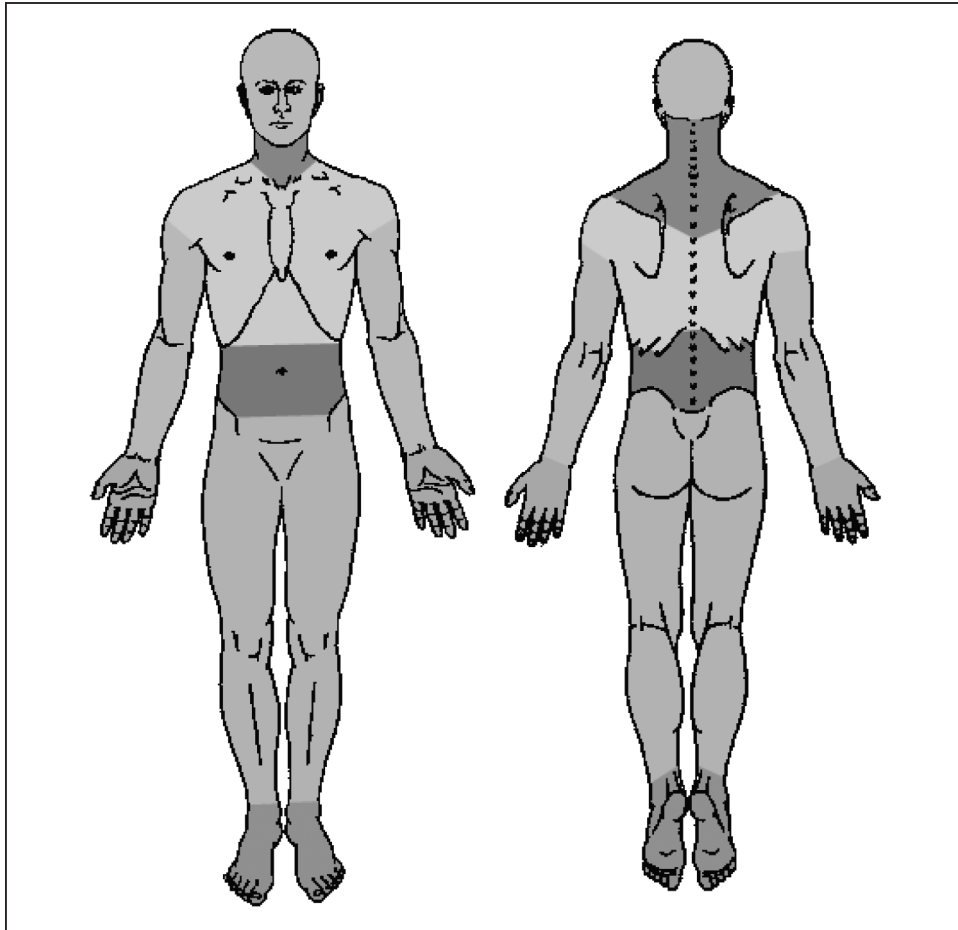
Where n is equal to the number of completed responses.
Note A Quick DASH score may **not** be calculated if there is greater than 1 missing item



PAIN DIAGRAM AND RATING

Please use the diagram below to indicate the symptoms you have experienced over the past 24 hours. Be VERY precise when drawing the location of your pain. Use the key to indicate the type of symptoms

Key:	Pins and Needles = 000000	Stabbing = //////////////
	Burning = xxxxxx	Deep Ache = zzzzzz



Please rate your *current* level of pain on the following scale (check one)

0	1	2	3	4	5	6	7	8	9	10
(no pain)										(worst imaginable pain)

Please rate your *worst* level of pain in the last 24 hours on the following scale (check one)

0	1	2	3	4	5	6	7	8	9	10
(no pain)										(worst imaginable pain)

Please rate your *best* level of pain in the last 24 hours on the following scale (check one)

0	1	2	3	4	5	6	7	8	9	10
(no pain)										(worst imaginable pain)

Therapist Name: _____

Date: _____ I/E F/U D/C