

The Disabilities of the Arm, Shoulder and Hand Score(QuickDash)

Clinician's name (or ref)

Patient's name (or ref)

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**. If you did not have the opportunity to perform an activity in the past week, please make your *best estimate* on 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.

Please rate your ability to do the following activities in the last week.

- | | | | | | | | | | | |
|--|-----------------------|----------------------|-----------------------|------------------------|-----------------------|----------------------------|-----------------------|--------------------------|-----------------------|---------------|
| 1. Open a tight or new jar | <input type="radio"/> | No difficulty | <input type="radio"/> | Mild difficulty | <input type="radio"/> | Moderate difficulty | <input type="radio"/> | Severe difficulty | <input type="radio"/> | Unable |
| 2. Do heavy household chores (eg wash walls, wash floors) | <input type="radio"/> | No difficulty | <input type="radio"/> | Mild difficulty | <input type="radio"/> | Moderate difficulty | <input type="radio"/> | Severe difficulty | <input type="radio"/> | Unable |
| 3. Carry a shopping bag or briefcase | <input type="radio"/> | No difficulty | <input type="radio"/> | Mild difficulty | <input type="radio"/> | Moderate difficulty | <input type="radio"/> | Severe difficulty | <input type="radio"/> | Unable |
| 4. Wash your back | <input type="radio"/> | No difficulty | <input type="radio"/> | Mild difficulty | <input type="radio"/> | Moderate difficulty | <input type="radio"/> | Severe difficulty | <input type="radio"/> | Unable |
| 5. Use a knife to cut food | <input type="radio"/> | No difficulty | <input type="radio"/> | Mild difficulty | <input type="radio"/> | Moderate difficulty | <input type="radio"/> | Severe difficulty | <input type="radio"/> | Unable |
| 6. Recreational activities in which you take some force or impact through your arm, shoulder or hand (eg golf, hammering, tennis, etc) | <input type="radio"/> | No difficulty | <input type="radio"/> | Mild difficulty | <input type="radio"/> | Moderate difficulty | <input type="radio"/> | Severe difficulty | <input type="radio"/> | 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?
- | | | | | | | | | | |
|-----------------------|-------------------|-----------------------|-----------------|-----------------------|-------------------|-----------------------|--------------------|-----------------------|------------------|
| <input type="radio"/> | Not at all | <input type="radio"/> | Slightly | <input type="radio"/> | Moderately | <input type="radio"/> | Quite a bit | <input type="radio"/> | 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?
- | | | | | | | | | | |
|-----------------------|---------------------------|-----------------------|-------------------------|-----------------------|---------------------------|-----------------------|---------------------|-----------------------|---------------|
| <input type="radio"/> | Not limited at all | <input type="radio"/> | Slightly limited | <input type="radio"/> | Moderately limited | <input type="radio"/> | Very limited | <input type="radio"/> | Unable |
|-----------------------|---------------------------|-----------------------|-------------------------|-----------------------|---------------------------|-----------------------|---------------------|-----------------------|---------------|

Please rate the severity of the following symptoms in the last week

- | | | | | | | | | | | |
|---|-----------------------|-------------|-----------------------|-------------|-----------------------|-----------------|-----------------------|---------------|-----------------------|----------------|
| 9. Arm, shoulder or hand pain | <input type="radio"/> | None | <input type="radio"/> | Mild | <input type="radio"/> | Moderate | <input type="radio"/> | Severe | <input type="radio"/> | Extreme |
| 10. Tingling (pins and needles) in your arm, shoulder or hand | <input type="radio"/> | None | <input type="radio"/> | Mild | <input type="radio"/> | Moderate | <input type="radio"/> | Severe | <input type="radio"/> | Extreme |

11. During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand?
- | | | | | | | | | | |
|-----------------------|----------------------|-----------------------|------------------------|-----------------------|----------------------------|-----------------------|--------------------------|-----------------------|---|
| <input type="radio"/> | No difficulty | <input type="radio"/> | Mild difficulty | <input type="radio"/> | Moderate difficulty | <input type="radio"/> | Severe difficulty | <input type="radio"/> | So much difficulty I can't sleep |
|-----------------------|----------------------|-----------------------|------------------------|-----------------------|----------------------------|-----------------------|--------------------------|-----------------------|---|

Thank you very much for completing all the questions in this questionnaire.

The Disabilities of the Arm, Shoulder and Hand (quickness) Score 0

(**NB.** A DASH score may not be calculated if there are greater than 1 missing items.)

There are two further small sections to this score. They are both optional. Just click below to select

WORK MODULE

SPORTS/PERFORMING ARTS MODULE

Reference for Score: Hudak PL, Amadio PC, Bombardier C. Development of an upper extremity outcome

measure: the DASH (disabilities of the arm, shoulder and hand) [corrected]. The Upper Extremity Collaborative Group (UECG)

Am J Ind Med. 1996 Jun;29(6):602-8. Erratum in: Am J Ind Med 1996 Sep;30(3):372.

The Institute for Work & Health are the copyright owners of the DASH and QuickDASH Outcome Measures (<http://www.dash.iwh.on.ca/>)