

# 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"/> | <b>No difficulty</b> | <input type="radio"/> | <b>Mild difficulty</b> | <input type="radio"/> | <b>Moderate difficulty</b> | <input type="radio"/> | <b>Severe difficulty</b> | <input type="radio"/> | <b>Unable</b> |
| 2. Do heavy household chores (eg wash walls, wash floors)  | <input type="radio"/> | <b>No difficulty</b> | <input type="radio"/> | <b>Mild difficulty</b> | <input type="radio"/> | <b>Moderate difficulty</b> | <input type="radio"/> | <b>Severe difficulty</b> | <input type="radio"/> | <b>Unable</b> |
| 3. Carry a shopping bag or briefcase   | <input type="radio"/> | <b>No difficulty</b> | <input type="radio"/> | <b>Mild difficulty</b> | <input type="radio"/> | <b>Moderate difficulty</b> | <input type="radio"/> | <b>Severe difficulty</b> | <input type="radio"/> | <b>Unable</b> |
| 4. Wash your back  | <input type="radio"/> | <b>No difficulty</b> | <input type="radio"/> | <b>Mild difficulty</b> | <input type="radio"/> | <b>Moderate difficulty</b> | <input type="radio"/> | <b>Severe difficulty</b> | <input type="radio"/> | <b>Unable</b> |
| 5. Use a knife to cut food   | <input type="radio"/> | <b>No difficulty</b> | <input type="radio"/> | <b>Mild difficulty</b> | <input type="radio"/> | <b>Moderate difficulty</b> | <input type="radio"/> | <b>Severe difficulty</b> | <input type="radio"/> | <b>Unable</b> |
| 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"/> | <b>No difficulty</b> | <input type="radio"/> | <b>Mild difficulty</b> | <input type="radio"/> | <b>Moderate difficulty</b> | <input type="radio"/> | <b>Severe difficulty</b> | <input type="radio"/> | <b>Unable</b> |

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"/> | <b>Not at all</b> | <input type="radio"/> | <b>Slightly</b> | <input type="radio"/> | <b>Moderately</b> | <input type="radio"/> | <b>Quite a bit</b> | <input type="radio"/> | <b>Extremely</b> |
|-----------------------|-------------------|-----------------------|-----------------|-----------------------|-------------------|-----------------------|--------------------|-----------------------|------------------|

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"/> | <b>Not limited at all</b> | <input type="radio"/> | <b>Slightly limited</b> | <input type="radio"/> | <b>Moderately limited</b> | <input type="radio"/> | <b>Very limited</b> | <input type="radio"/> | <b>Unable</b> |
|-----------------------|---------------------------|-----------------------|-------------------------|-----------------------|---------------------------|-----------------------|---------------------|-----------------------|---------------|

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

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

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"/> | <b>No difficulty</b> | <input type="radio"/> | <b>Mild difficulty</b> | <input type="radio"/> | <b>Moderate difficulty</b> | <input type="radio"/> | <b>Severe difficulty</b> | <input type="radio"/> | <b>So much difficulty I can't sleep</b> |
|-----------------------|----------------------|-----------------------|------------------------|-----------------------|----------------------------|-----------------------|--------------------------|-----------------------|---|

**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.

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