Arm, Shoulder, Hand - Quick DASH

REDCap ID

Visit Date: ______________________

Visit Type:  
☐ Initial visit  ☐ Medial visit  
☐ Final visit

Diagnostic Category  
☐ Elbow  ☐ Hand/Wrist  ☐ Other Neuro  
☐ Parkinsons  ☐ Pediatric Other  ☐ Shoulder  
☐ Stroke

Diagnostic Complexity  
☐ Non-complex (Single Body Part Sprain/Strain)  ☐ Complex (Multi-body part, fracture, nerve symptoms)  
☐ Post surgical

Patient has had surgery for the current condition?  
☐ Yes  ☐ No

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 clicking the appropriate button.  
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 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 by indicating the appropriate response.

<table>
<thead>
<tr>
<th>Activity</th>
<th>No Difficulty</th>
<th>Mild Difficulty</th>
<th>Moderate Difficulty</th>
<th>Severe Difficulty</th>
<th>Unable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Open a tight or new jar.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Do heavy household chores (e.g., wash walls, floors).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Carry a shopping bag or briefcase.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Wash your back.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Use a knife to cut food.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Recreational activities in which you take some force or impact through your arm, shoulder or hand (e.g., golf, hammering, tennis, etc.).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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, neighbours or groups?

   - 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?

   - Not Limited At All
   - Slightly Limited
   - Moderately Limited
   - Very Limited
   - Unable

---

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

9. Arm, shoulder or hand pain.

   - None
   - Mild
   - Moderate
   - Severe
   - Extreme

10. Tingling (pins and needles) in your arm, shoulder or hand.

    - No Difficulty
    - Mild Difficulty
    - Moderate Difficulty
    - Severe Difficulty
    - So Much Difficulty That 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?

   - None
   - Mild
   - Moderate
   - Severe
   - Extreme

Please stop here and return the tablet or form to staff member.

---

For staff use

QuickDASH Disability / Symptom Score

G Code: _CH_

G Code: _CL_

G Code: _CJ_

G Code: _CK_

G Code: _CL_

G Code: _CM_

G Code: _CN_