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.

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

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

	None	Mild	Moderate	Severe	Extreme
9. Arm, shoulder or hand pain.	☐	☐	☐	☐	☐
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?	☐	☐	☐	☐	☐

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

For staff use

QuickDASH Disability / Symptom Score _____

G Code:
_CH_

G Code:
_CI_

G Code:
_CJ_

G Code:
_CK_

G Code:
_CL_

G Code:
_CM_

G Code:
_CN_