Quick DASH

For Shoulder, Elbow, Wrist & Hand

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Physiotherapy ROCKS!

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Name _____

DOB _____
(YYYY/MM/DD)

Today's Date:
_____

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 circling the appropriate number..
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 the most accurate

1) Open a tight or new jar
- ○ 1) No Difficulty
- ○ 3) Moderate Difficulty
- ○ 2) Mild Difficulty
- ○ 4) Severe Difficulty
- ○ 5) Unable

2) Do heavy household chores (eg., wash floors..etc)
- ○ 1) No Difficulty
- ○ 3) Moderate Difficulty
- ○ 2) Mild Difficulty
- ○ 4) Severe Difficulty
- ○ 5) Unable

3) Carry a shopping bag or breifcase
- ○ 1) No Difficulty
- ○ 3) Moderate Difficulty
- ○ 2) Mild Difficulty
- ○ 4) Severe Difficulty
- ○ 5) Unable

4) Wash your back
- ○ 1) No Difficulty
- ○ 3) Moderate Difficulty
- ○ 2) Mild Difficulty
- ○ 4) Severe Difficulty
- ○ 5) Unable

5) Use a knife to cut food
- ○ 1) No Difficulty
- ○ 3) Moderate Difficulty
- ○ 2) Mild Difficulty
- ○ 4) Severe Difficulty
- ○ 5) Unable

6) Recreational activities in which your arm takes some force (golf, hammering, etc...)
- ○ 1) No Difficulty
- ○ 3) Moderate Difficulty
- ○ 2) Mild Difficulty
- ○ 4) Severe Difficulty
- ○ 5) Unable

7) During the past week, how much has your arm, shoulder, or hand problem limited your normal social activities with family, friends, neighbors, or groups?
- ○ 1) No Difficulty
- ○ 3) Moderate Difficulty
- ○ 5) Unable
- ○ 2) Mild Difficulty
- ○ 4) Severe Difficulty

8) During the past week, how much were you limited in your work, or other regular daily activities as as result of your arm, shoulder, or hand ?
- ○ 1) No Difficulty
- ○ 3) Moderate Difficulty
- ○ 5) Unable
- ○ 2) Mild Difficulty
- ○ 4) Severe Difficulty

9) How severe has your arm, shoulder, or hand pain symptoms been in the last week?
- ○ 1) None
- ○ 3) Moderate
- ○ 5) Extreme
- ○ 2) Mild
- ○ Severe

10) How severe has your arm, shoulder, or hand tingling symptoms been in the last week?
- ○ 1) None
- ○ 3) Moderate
- ○ 5) Extreme
- ○ 2) Mild
- ○ 4) Severe

11) During the past week, how much difficulty have you had sleeping because of the pain ?
- ○ 1) No Difficulty
- ○ 3) Moderate Difficulty
- ○ 5) I Can't Sleep
- ○ 2) Mild Difficulty
- ○ 4) Severe Difficulty

Staff: To get Total Score: Add value of each answer then see the Quick DASH Scoring Sheet for % Disability.
Record % Disability in PPS Assessment Form

Total Score _____

% Disability _____

Numerical Pain Rating Scale (NPRS):

With respect to your pain, over the last 24 hours, how bad has your pain been? Select the appropriate number.

No Pain ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ **Unbearable Pain**

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |