

## Quick Dash Outcome Measure

Name: \_\_\_\_\_

Please rate your ability to do the following activities in the last week by circling the number below the appropriate response.

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

	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, neighbors or groups?	1	2	3	4	5

	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?	1	2	3	4	5

	None	Mild	Moderate	Severe	Extreme
9. During the past week, rate the severity of arm, shoulder or hand pain.	1	2	3	4	5
10. During the past week, rate the severity of tingling (pins and needles) in your arm, shoulder or hand.	1	2	3	4	5

	No Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	Unable to Sleep
11. During the past week, how much difficulty have you had sleeping because of pain in your arm, shoulder or hand?	1	2	3	4	5

SCORE:  $([\text{sum of } n \text{ responses}/n] - 1) \times 25$

SCORE: \_\_\_\_\_

*n*=number of completed responses. Score may not be calculated if there is greater than 1 missing item.