

The Quick DASH Outcome Measure

NAME: _____

Date: _____

INSTRUCTIONS: This questionnaire asks about your symptoms as well as your ability to perform certain activities.

Please answer EVERY question, based on USING YOUR INJURED HAND/ARM in the last week.

If you were in a **cast or had surgery** and can't do the activities, **please circle 5: Unable to Perform.**

If you did not have the opportunity to perform an activity in the past week, please make your **best estimate** to answer each question.

If you have a question, please wait & discuss with your therapist.

| | No difficulty | Mild difficulty | Moderate difficulty | Severe difficulty | Unable to perform |
|---|---------------|-----------------|---------------------|-------------------|-------------------|
| 1. Open a tight or new jar. | 1 | 2 | 3 | 4 | 5 |
| 2. Do heavy household chores (Wash walls, floors). | 1 | 2 | 3 | 4 | 5 |
| 3. Carry shopping bag. | 1 | 2 | 3 | 4 | 5 |
| 4. Wash your back. | 1 | 2 | 3 | 4 | 5 |
| 5. Recreational activities in which you take some force or impact thru your arm, shoulder or hand. (golf, hammer) | 1 | 2 | 3 | 4 | 5 |
| 6. Use knife to cut food. | 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 |

| Please rate the severity of the following symptoms in the past week : | None | Mild | Moderate | Severe | Extreme |
|--|---------------|-----------------|---------------------|-------------------|----------------------------|
| 9. Arm, shoulder, or hand pain. | 1 | 2 | 3 | 4 | 5 |
| 10. Tingling (pins and needles) in your arm, shoulder, or hand | 1 | 2 | 3 | 4 | 5 |
| | No difficulty | Mild difficulty | Moderate difficulty | Severe difficulty | So much 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? | 1 | 2 | 3 | 4 | 5 |