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QuickDASH Outcome Measure Questionnaire

Instructions

Please answer each question based on your symptoms and activity level over the past week. Circle the number that best reflects your condition. If you didn't perform an activity, estimate your ability. Respond based on overall function, regardless of which hand or arm you use.

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

Activities	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 walls, floors)	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
Impact on Daily Life	**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 last week.

Pain and Symptoms	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 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?	1	2	3	4	5

QuickDASH Disability/Symptom Score is calculated using the formula: (Sum of n responses / n) - 1) × 25 where n is the number of completed responses.
Note: A QuickDASH score cannot be calculated if more than one response is missing.

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Work Module (Optional)

The following questions ask about the impact of your arm, shoulder or hand problem on your ability to work (including homemaking if that is your main work role).

Please indicate what your job/work is: _____

☐ I do not work. (You may skip this section.)

Please circle the number that best describes your physical ability in the past week.

Did You Have Any Difficulty:	No Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	Unable
1. Using your usual technique for your work?	1	2	3	4	5
2. Doing your usual work because of arm, shoulder, or hand pain?	1	2	3	4	5
3. Doing your work as well as you would like?	1	2	3	4	5
4. Spending your usual amount of time doing your work?	1	2	3	4	5

Sports/Performing Arts Module (Optional)

The following questions ask about the impact of your arm, shoulder or hand problem on playing your musical instrument or sport or both. If you play more than one sport or instrument (or play both), please answer with respect to that activity which is most important to you.

Please indicate the sport or instrument which is most important to you: _____

☐ I do not play a sport or an instrument. (You may skip this section.)

Please circle the number that best describes your physical ability in the past week.

Did You Have Any Difficulty:	No Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	Unable
1. Using your usual technique for playing your instrument or sport?	1	2	3	4	5
2. Playing your musical instrument or sport because of arm, shoulder, or hand pain?	1	2	3	4	5
3. Playing your musical instrument or sport as well as you would like?	1	2	3	4	5
4. Spending your usual amount of time practicing or playing your instrument or sport?	1	2	3	4	5

Scoring the Optional Modules is calculated using the formula: (Sum of responses / 4) - 1) × 25
Note: An optional module score cannot be calculated if any response is missing.