



Quick DASH Shoulder Questionnaire

NAME _____

DATE _____/_____/_____

Over the past 24 hours, how bad has your pain been?

[input a number between 1 and 10]

Please rate your ability to perform the following activities over the past **week** by circling the appropriate response.

<u>DAILY ACTIVITIES</u>	<u>NO Difficulty</u>	<u>Mild Difficulty</u>	<u>Moderate Difficulty</u>	<u>Severe Difficulty</u>	<u>Unable</u>
1. Open a tight or new jar	1	2	3	4	5
2. Do heavy household chores (e.g. wash walls, wash floor)	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 the shoulder, hand or arm. (golf, hammering, tennis etc.)	1	2	3	4	5
<u>SOCIAL LIMITATION</u>	<u>Not Limited</u>	<u>Slightly Limited</u>	<u>Moderately Limited</u>	<u>Quite Limited</u>	<u>Extremely Limited</u>
7. During the past week, to what extent has your arm, shoulder or hand problem interfered with your normal social activities?	1	2	3	4	5
<u>WORK /ADL LIMITATION</u>	<u>Not at All</u>	<u>Slightly Limited</u>	<u>Moderately Limited</u>	<u>Quite Limited</u>	<u>Unable</u>
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
<u>SEVERITY OF SYMPTOMS (over the past week)</u>	<u>None</u>	<u>Mild</u>	<u>Moderate</u>	<u>Severe</u>	<u>Extreme</u>
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
<u>SLEEPING LIMITATION</u>	<u>NO Difficulty</u>	<u>Mild Difficulty</u>	<u>Moderate Difficulty</u>	<u>Severe Difficulty</u>	<u>Unable to Sleep</u>
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

TOTAL SCORE = sum of sections _____ divided by the number of questions _____ minus 1, times 25 = _____