

## The QuickDASH Outcome Measures

### INSTRUCTIONS

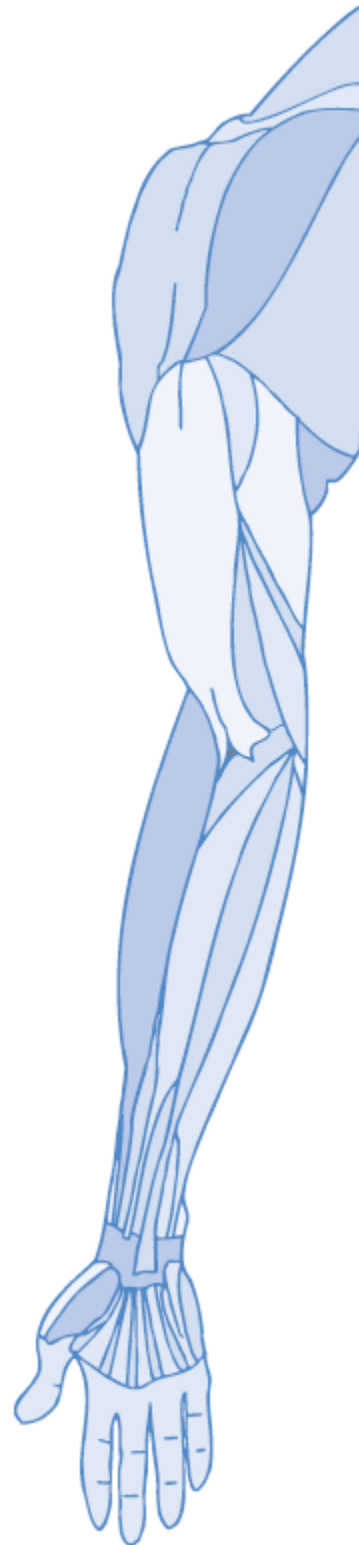
This questionnaire asks about your symptoms as well as your ability to perform certain activities.

Please answer every question, based on your condition in the last week, by checking the appropriate response.

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 most accurate.

It doesn't matter which hand or arm you use to perform the activity; please answer based on your ability regardless of how you perform the task.

This questionnaire is designed to accommodate multiple evaluations, please only fill out the row for the evaluation date you are completing.



## QuickDASH

### Section 1: To be completed by patient

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

Age: \_\_\_\_\_

AD  Non-Active Duty

Occupation: \_\_\_\_\_

Number of days of in pain: \_\_\_\_\_ (this episode)

Initial Date

Follow-up Date

Follow-up Date

Discharge/Follow-up Date

### Section 2: To be completed by patient

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

Please only check boxes in the column for the evaluation date you are entering and only check one box per category.

	<u>Initial Evaluation</u>	<u>Follow-up</u>	<u>Follow-up</u>	<u>Discharge</u>
<b>1. Open a jar.</b>				
No Difficulty = 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mild Difficulty = 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moderate Difficulty = 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severe Difficulty = 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unable = 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Do heavy household chores (e.g., wash walls, floors, etc.)</b>				
No Difficulty = 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mild Difficulty = 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moderate Difficulty = 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severe Difficulty = 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unable = 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Carry a shopping bag or briefcase.</b>				
No Difficulty = 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mild Difficulty = 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moderate Difficulty = 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severe Difficulty = 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unable = 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Wash your back.</b>				
No Difficulty = 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mild Difficulty = 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moderate Difficulty = 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severe Difficulty = 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unable = 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Use a knife to cut food.</b>				
No Difficulty = 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mild Difficulty = 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moderate Difficulty = 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severe Difficulty = 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unable = 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. Recreational activities in which you take some force or impact through your arm, shoulder or hand (e.g., golf, hammering, tennis, etc.)</b>				
No Difficulty = 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mild Difficulty = 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moderate Difficulty = 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severe Difficulty = 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unable = 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**Section 2 (Con't):** To be completed by patient

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

Please only check boxes in the column for the evaluation date you are entering and only check one box per category.

	Initial Evaluation	Follow-up	Follow-up	Discharge
<b>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?</b>				
Not at all = 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slightly = 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moderately = 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quite a bit = 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extremely = 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8. During the past week, were you limited in your work on other regular daily activities as a result of your arm, shoulder or hand problem?</b>				
Not limited at all = 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slightly limited = 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moderately limited = 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very limited = 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unable = 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Please rate the severity of the following symptoms in the last week.</b>				
<b>9. Arm, shoulder or hand pain.</b>				
None = 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mild = 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moderate = 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severe = 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme = 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>10. Tingling (pins and needles) in your arm, shoulder or hand.</b>				
None = 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mild = 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moderate = 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severe = 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme = 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11. During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand?</b>				
No difficulty = 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mild difficulty = 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moderate difficulty = 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severe difficulty = 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
So much difficulty that I can't sleep = 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>TOTAL SCORE</b>				
Total				
Divided by number of questions				
Subtract 1				
Times 25				
	<b>TOTAL SCORE</b>			

QuickDASH DISABILITY/SYMPTOM SCORE =  $\left( \left[ \frac{(\text{sum of } n \text{ responses})}{n} \right]^{-1} \right) \times 25$ , where n is equal to the number of completed responses.

A QuickDASH score may not be calculated if there is greater than 1 missing item.

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**Section 3 - WORK MODULE (OPTIONAL):** To be completed by patient

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 check the response that best describes your physical ability in the past week.**

**Please only check boxes in the column for the evaluation date you are entering and only check one box per category.**

	Initial Evaluation	Follow-up	Follow-up	Discharge
<b>1. Using your usual technique for your work?</b>				
No Difficulty = 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mild Difficulty = 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moderate Difficulty = 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severe Difficulty = 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unable = 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Doing your usual work because of arm, shoulder or hand pain?</b>				
No Difficulty = 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mild Difficulty = 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moderate Difficulty = 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severe Difficulty = 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unable = 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Doing your work as well as you would like?</b>				
No Difficulty = 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mild Difficulty = 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moderate Difficulty = 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severe Difficulty = 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unable = 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Spending your usual amount of time doing your work?</b>				
No Difficulty = 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mild Difficulty = 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moderate Difficulty = 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severe Difficulty = 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unable = 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>TOTAL SCORE</b>				
Total				
Divided by number of questions				
Subtract 1				
Times 25				
	<b>TOTAL SCORE</b>			

**SCORING THE OPTIONAL MODULES** =  $\left( \left[ \frac{(\text{sum of } n \text{ responses})}{n} \right]^{-1} \right) \times 25$ , where n is equal to the number of completed responses.

An optional module score may not be calculated if there is greater than 1 missing item.

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**Section 4 - SPORTS/PERFORMING ARTS MODULE (OPTIONAL):** To be completed by patient

The following questions relate to 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 check the response that best describes your physical ability in the past week.

Please only check boxes in the column for the evaluation date you are entering and only check one box per category.

	Initial Evaluation	Follow-up	Follow-up	Discharge
<b>1. Using your usual technique for playing your instrument or sport?</b>				
No Difficulty = 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mild Difficulty = 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moderate Difficulty = 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severe Difficulty = 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unable = 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Playing your musical instrument or sport because of arm, shoulder or hand pain?</b>				
No Difficulty = 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mild Difficulty = 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moderate Difficulty = 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severe Difficulty = 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unable = 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Playing your musical instrument or sport as well as you would like?</b>				
No Difficulty = 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mild Difficulty = 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moderate Difficulty = 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severe Difficulty = 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unable = 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Spending your usual amount of time practicing or playing your instrument or sport?</b>				
No Difficulty = 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mild Difficulty = 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moderate Difficulty = 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severe Difficulty = 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unable = 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>TOTAL SCORE</b>				
Total				
Divided by number of questions				
Subtract 1				
Times 25				
	<b>TOTAL SCORE</b>			

**SCORING THE OPTIONAL MODULES** =  $\left( \left[ \frac{(\text{sum of } n \text{ responses})}{n} \right]^{-1} \right) \times 25$ , where n is equal to the number of completed responses.

An optional module score may not be calculated if there is greater than 1 missing item.

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**Section 5: To be completed by physical therapist/provider**

QuickDASH SCORE: Initial _____	Follow-up _____	Follow-up _____	Discharge/Follow-up _____
Work Module SCORE: Initial _____	Follow-up _____	Follow-up _____	Discharge/Follow-up _____
Sports Module SCORE: Initial _____	Follow-up _____	Follow-up _____	Discharge/Follow-up _____
<b>TOTAL DISABILITY SCORE:</b> <u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
<b>Number of Treatment Sessions:</b> _____			
<b>Diagnosis/ICD-9 Code:</b> _____			