

QUICK DASH

Please rate your ability to do the following activities in the last week.

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

	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?					

	Not Limited	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?					

Please rate the severity of the following symptoms in the last week:

	None	Mild	Moderate	Severe	Extreme
9. Arm, shoulder, or hand pain					
10. Tingling (pins and needles) in your arm, shoulder, or hand					

	No Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	So much 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?					
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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).

My current work / job is _____

___ I do not work

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

SPORTS / PERFORMING ARTS MODULE (optional)

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

My preferred instrument / sport _____

	No Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	Unable

1. Using your usual technique for playing your instrument or sport					
2. Playing your musical instrument or sport because of arm, shoulder, or hand pain					
3. Playing your musical instrument or sport as well as you would like					
4. Spending your usual amount of time practicing or playing your instrument or sport					