

**The Disabilities of the Arm, Shoulder and Hand Score (QuickDash)**  
**Matthew W. Ryan, DC PC dba Stewart Clinic of Winder**

**Last Name:** \_\_\_\_\_, **First Name:** \_\_\_\_\_ **ID#** \_\_\_\_\_

**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**. If you did not have the opportunity to perform an activity in the past week, please make your *best estimate* on which response would be the 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.

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

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

7.	During the past week, <i>to what extent</i> has your arm, shoulder or hand problem interfered with your normal social activities with family, friends, neighbours or groups?	<input type="radio"/>	Not at all	<input type="radio"/>	Slightly	<input type="radio"/>	Moderately	<input type="radio"/>	Quite a bit	<input type="radio"/>	Extremely
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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?	<input type="radio"/>	Not limited at all	<input type="radio"/>	Slightly limited	<input type="radio"/>	Moderately limited	<input type="radio"/>	Very limited	<input type="radio"/>	Unable
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**Please rate the severity of the following symptoms in the last week**

9.	Arm, shoulder or hand pain	<input type="radio"/>	None	<input type="radio"/>	Mild	<input type="radio"/>	Moderate	<input type="radio"/>	Severe	<input type="radio"/>	Extreme
10.	Tingling (pins and needles) in your arm, shoulder or hand	<input type="radio"/>	None	<input type="radio"/>	Mild	<input type="radio"/>	Moderate	<input type="radio"/>	Severe	<input type="radio"/>	Extreme

11.	During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand?	<input type="radio"/>	No difficulty	<input type="radio"/>	Mild difficulty	<input type="radio"/>	Moderate difficulty	<input type="radio"/>	Severe difficulty	<input type="radio"/>	So much difficulty I can't sleep
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Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Office Use Only) Score: \_\_\_\_\_