QUICK DASH

UPPER EXTREMITY FUNCTIONAL SCORE

Patient Name: Date:

Please answer every question and total scores at the bottom of the page. When in doubt, rate your symptoms at their worst.

Open a tight/new jar	Wash your back	Use a knife to cut food	Carry a shopping bag/briefcase
☐ 1 = No Difficulty	☐ 1 = No Difficulty	☐ 1 = No Difficulty	☐ 1 = No Difficulty
☐ 2 = Mild Difficulty	☐ 2 = Mild Difficulty	☐ 2 = Mild Difficulty	☐ 2 = Mild Difficulty
☐ 3 = Moderate Difficulty	☐ 3 = Moderate Difficulty	☐ 3 = Moderate Difficulty	☐ 3 = Moderate Difficulty
☐ 4 = Severe Difficulty	☐ 4 = Severe Difficulty	☐ 4 = Severe Difficulty	☐ 4 = Severe Difficulty
☐ 5 = Unable	☐ 5 = Unable	☐ 5 = Unable	☐ 5 = Unable

Do heavy household chores (ex: washing floors, vacumming, carrying laundry, etc.)	Recreational activites in which your arm takes some force (ex: golf, tennis, hammering, etc.)
☐ 1 = No Difficulty	☐ 1 = No Difficulty
☐ 2 = Mild Difficulty	☐ 2 = Mild Difficulty
☐ 3 = Moderate Difficulty	☐ 3 = Moderate Difficulty
☐ 4 = Severe Difficulty	☐ 4 = Severe Difficulty
☐ 5 = Unable	☐ 5 = Unable

During the last week, how much has your arm, shoulder, or hand problem limited your normal social activities with family, friends, or groups?	During the last week, how much were you limted in your work, or other regular daily activites as a result of your arm, shoulder, or hand?
☐ 1 = Not Limited At All	☐ 1 = Not Limited At All
☐ 2 = Slightly Limited	☐ 2 = Slightly Limited
☐ 3 = Moderately Limited	☐ 3 = Moderately Limited
☐ 4 = Very Limited	☐ 4 = Very Limited
☐ 5 = Unable	☐ 5 = Unable

How severe have your arm, shoulder, or hand PAIN symptoms been in the last week?	How severe have your arm, shoulder, or hand TINGLING symptoms been in the last week?
☐ 1 = None	☐ 1 = None
☐ 2 = Mild	☐ 2 = Mild
☐ 3 = Moderate	☐ 3 = Moderate
☐ 4 = Severe	☐ 4 = Severe
☐ 5 = Extreme	☐ 5 = Extreme

During the last week, how much difficulty have you had sleeping because of pain?
☐ 1 = No Difficulty
☐ 2 = Mild Difficulty
☐ 3 = Moderate Difficulty
☐ 4 = Severe Difficulty
☐ 5 = I Can't Sleep

PLEASE TOTAL YOUR SCORE

☐

CLINIC USE ONLY

RAW SCORE = % DISABILITY

Overall, how would you rate the function of your arm, shoulder, or hand on a scale of 0 to 10 with 10 being normal, excellent function and 0 being the inability to perform any of your usual daily activites which may include sports?

CURRENT FUNCTION OF YOUR ARM, SHOULDER, HAND

CANNOT PERFORM DAILY ACTIVITIES NO LIMITATION

0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐