THE

QuickDASH OUTCOME MEASURE

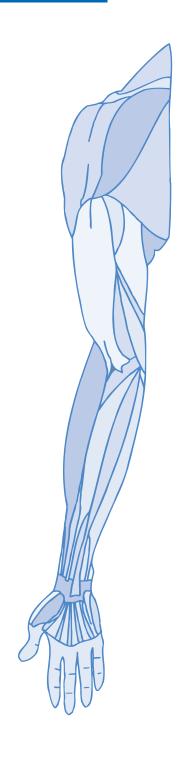
INSTRUCTIONS

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 circling the appropriate number.

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 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.



QuickDASH

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

		NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	UNABLE
1.	Open a tight or new jar.	1	2	3	4	5
2.	Do heavy household chores (e.g., wash walls, floors).	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 your arm, shoulder or hand (e.g., golf, hammering, tennis, etc.).	1	2	3	4	5

7. During the past week, to what extent has your arm, shoulder or hand problem interfered with your normal social activities with family, friends, neighbours or groups? NOT LIMITED SLIGHTLY MODERATELY VERY UNABLE		(e.g., golf, hammering, tennis, etc.).					
7. During the past week, to what extent has your arm, shoulder or hand problem interfered with your normal social activities with family, friends, neighbours or groups? NOT LIMITED SLIGHTLY MODERATELY VERY LIMITED							
arm, shoulder or hand problem interfered with your normal social activities with family, friends, neighbours or groups? NOT LIMITED SLIGHTLY LIMITED LIMITE			NOT AT ALL	SLIGHTLY	MODERATELY		EXTREMELY
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. (circle number) NONE MILD MODERATE SEVERE EXTREME NO, Tingling (pins and needles) in your arm, shoulder or hand. NO, Tingling (pins and needles) in your arm, shoulder or hand.	7.	arm, shoulder or hand problem interfered with your normal social activities with family, friends,	1	2	3	4	5
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. (circle number) NONE MILD MODERATE SEVERE EXTREME 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 NO MILD MODERATE SEVERE EXTREME NO MILD MODERATE SEVERE DIFFICULTY DIFFICULTY THAT I							UNABLE
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 NONE MILD MODERATE SEVERE EXTREME NO MILD MODERATE SEVERE DIFFICULTY DIFFICULTY DIFFICULTY THAT I	8.	work or other regular daily activities as a result	1	2	3	4	5
10. Tingling (pins and needles) in your arm, shoulder or hand. 1 2 3 4 5 NO MILD MODERATE SEVERE DIFFICULTY DIFFICULTY DIFFICULTY THAT I			NONE	MILD	MODERATE	SEVERE	EXTREME
shoulder or hand. SO MUCH NO MILD MODERATE SEVERE DIFFICULTY DIFFICULTY DIFFICULTY DIFFICULTY THAT I	9.	Arm, shoulder or hand pain.	1	2	3	4	5
NO MILD MODERATE SEVERE DIFFICULTY DIFFICULTY DIFFICULTY DIFFICULTY DIFFICULTY THAT I	10.		1	2	3	4	5
							DIFFICULTY Y THAT I

QuickDASH DISABILITY/SYMPTOM SCORE = $\left(\frac{\text{(sum of n responses)}}{\text{n}}\right)^{-1}$ x 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.

11. During the past week, how much difficulty have you had sleeping because of the pain in your arm,

shoulder or hand? (circle number)

QuickDASH

WOR	κ κ	DUI F	(OPT	IONAL
	I I I I C			

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 circle the number that best describes your physical ability in the past week.

l you have any difficulty:	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	UNABLE
using your usual technique for your work?	1	2	3	4	5
doing your usual work because of arm, shoulder or hand pain?	1	2	3	4	5
doing your work as well as you would like?	1	2	3	4	5
spending your usual amount of time doing your wor	rk? 1	2	3	4	5
	using your usual technique for your work? doing your usual work because of arm, shoulder or hand pain? doing your work as well as you would like?	using your usual technique for your work? doing your usual work because of arm, shoulder or hand pain? DIFFICULTY	using your usual technique for your work? doing your usual work because of arm, shoulder or hand pain? 1 2 doing your work as well as you would like? 1 2	using your usual technique for your work? doing your usual work because of arm, shoulder or hand pain? doing your work as well as you would like? DIFFICULTY DIFFICULTY DIFFICULTY DIFFICULTY DIFFICULTY DIFFICULTY 1 2 3	using your usual technique for your work? 1 2 3 4 doing your usual work because of arm, shoulder or hand pain? 1 2 3 4 doing your work as well as you would like? 1 2 3 4

SPORTS/PERFORMING ARTS MODULE (OPTIONAL)

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 circle the number that best describes your physical ability in the past week.

Did you have any difficulty:		NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	UNABLE
1.	using your usual technique for playing your instrument or sport?	1	2	3	4	5
2.	playing your musical instrument or sport because of arm, shoulder or hand pain?	1	2	3	4	5
3.	playing your musical instrument or sport as well as you would like?	1	2	3	4	5
4.	spending your usual amount of time practising or playing your instrument or sport?	1	2	3	4	5