



QUICK DASH SHOULDER QUESTIONNAIRE

Please rate your ability to perform the following activities over the past week by circling the appropriate response.

Activity	NO Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	Unable
1. Open a tight jar	1	2	3	4	5
2. Do heavy household chores (scrub floors, wash walls, etc.)	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 requiring force/impact through your arm, shoulder or hand (golf, hammering, tennis, shoveling, etc.)	1	2	3	4	5
Social Limitation	Not Limited	Slightly Limited	Moderately Limited	Quite Limited	Extremely Limited
7. During the past week, to what extent has your arm, shoulder, or hand problem interfered with your normal social activities?	1	2	3	4	5
Work/ADL Limitation	Not at All	Slightly Limited	Moderately Limited	Quite Limited	Extremely Limited
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?	1	2	3	4	5
Severity of Symptoms (over the past week)	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
Sleeping Limitation	NO Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	Unable
11. During the past week, how much difficulty have you had sleeping because of pain in your arm, shoulder, or hand?	1	2	3	4	5



QUICK DASH SHOULDER QUESTIONNAIRE

Work Module (complete if appropriate)

Type of work/job you are performing:

Rate the severity of symptoms in the last week...	NO Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	Unable
1. Using your usual technique for work	1	2	3	4	5
2. Performing your usual tasks/work because of arm, shoulder, or hand pain	1	2	3	4	5
3. Performing your work/tasks as well as you would like	1	2	3	4	5
4. Spending your usual amount of time doing work	1	2	3	4	5

Sports/Performing Arts Module

(complete if your arm, shoulder, or hand problems is impacting your ability to play a musical instrument or participate in a sporting activity)

Sport/Activity/Musical instrument impacted:

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'd like	1	2	3	4	5
4. Spending your usual amount of time practicing or playing your instrument or sport	1	2	3	4	5