The Disabilities of the Arm, Shoulder and Hand Score (QuickDash)

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
   - No difficulty
   - Mild difficulty
   - Moderate difficulty
   - Severe difficulty
   - Unable

2. Do heavy household chores (eg wash walls, wash floors)
   - No difficulty
   - Mild difficulty
   - Moderate difficulty
   - Severe difficulty
   - Unable

3. Carry a shopping bag or briefcase
   - No difficulty
   - Mild difficulty
   - Moderate difficulty
   - Severe difficulty
   - Unable

4. Wash your back
   - No difficulty
   - Mild difficulty
   - Moderate difficulty
   - Severe difficulty
   - Unable

5. Use a knife to cut food
   - No difficulty
   - Mild difficulty
   - Moderate difficulty
   - Severe difficulty
   - Unable

6. Recreational activities in which you take some force or impact through your arm, shoulder or hand (eg golf, hammering, tennis, etc)
   - No difficulty
   - Mild difficulty
   - Moderate difficulty
   - Severe difficulty
   - Unable

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 at all
- Slightly
- Moderately
- Quite a bit
- Extremely

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?

- Not limited at all
- Slightly limited
- Moderately limited
- Very limited
- Unable

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

9. Arm, shoulder or hand pain
   - None
   - Mild
   - Moderate
   - Severe
   - Extreme

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

During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand?

- No difficulty
- Mild difficulty
- Moderate difficulty
- Severe difficulty
- So much difficulty I can’t sleep

Thank you very much for completing all the questions in this questionnaire.

The Disabilities of the Arm, Shoulder and Hand (QuickDash) Score 0

(NB. A DASH score may not be calculated if there are greater than 1 missing items.)

There are two further small sections to this score. They are both optional. Just click below to select

WORK MODULE
SPORTS/PERFORMING ARTS MODULE

Reference for Score: Hudak PL, Amadio PC, Bombardier C. Development of an upper extremity outcome
measure: the DASH (disabilities of the arm, shoulder and hand) [corrected]. The Upper Extremity Collaborative Group (UECG)
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