

## Upper Extremity Quick Dash Outcome Measure

NAME \_\_\_\_\_ DATE \_\_\_\_\_

<b>Please rate your ability to do the following activities in the last week by circling the appropriate number:</b>	No Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	Unable
Open a tight or new jar	1	2	3	4	5
Do heavy household chores (eg wash walls, wash floors)	1	2	3	4	5
Carry a shopping bag or briefcase	1	2	3	4	5
Wash your back	1	2	3	4	5
Use a knife to cut food	1	2	3	4	5
Recreational activities in which you take some force or impact through your arm, shoulder or hand (eg golf, hammering, tennis, etc)	1	2	3	4	5
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, neighbors or groups?	1	2	3	4	5
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
<b>Please rate the severity of the following symptoms in the last week:</b>	None	Mild	Moderate	Severe	Extreme
Arm, shoulder or hand pain	1	2	3	4	5
Tingling (pins and needles) in your arm, shoulder or hand	1	2	3	4	5
During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand?	1	2	3	4	5