

## THE *QuickDASH*: Outcome Measure

### Instructions for completion of this questionnaire:

- 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.**
- It does not matter which hand or arm you use to perform the activity.
- Answer every question to the best of your ability – missing questions will invalidate the questionnaire.

PATIENT NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DATE: \_\_\_\_\_

BODY PART: \_\_\_\_\_

How would you rate your shoulder today as a percentage of normal (0% to 100%), with 100% being normal?

Please check the box of the appropriate response.

|   | NO DIFFICULTY              | MILD DIFFICULTY            | MODERATE DIFFICULTY        | SEVERE DIFFICULTY          | UNABLE                     |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. Open a tight or new jar.   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 2. Do heavy household chores (e.g. wash walls/floors).  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 3. Carry a shopping bag or briefcase.   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 4. Wash your back.  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 5. Use a knife to cut food.   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 6. Recreational activities in which you take some force or impact through your arms, shoulders or hand (e.g. golf, tennis etc.) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

|   | NOT AT ALL                 | SLIGHTLY                   | MODERATELY                 | QUITE A BIT                | EXTREMELY                  |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 7. During the past week, to what extent has your arm, shoulder or hand problem interfered with your normal social activities? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

|   | NOT LIMITED AT ALL         | SLIGHTLY LIMITED           | MODERATELY LIMITED         | VERY LIMITED               | UNABLE                     |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 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 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

|  | NONE                       | MILD                       | MODERATE                   | SEVERE                     | EXTREME                    |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 9. Arm, shoulder or hand pain                                | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 10. Tingling(pins and needles) in your arm, shoulder or hand | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

|  | NO DIFFICULTY              | MILD DIFFICULTY            | MODERATE DIFFICULTY        | SEVERE DIFFICULTY          | SO MUCH DIFFICULTY THAT I CAN'T SLEEP |
|--|----------------------------|----------------------------|----------------------------|----------------------------|---------------------------------------|
| 11. During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand? (circle number) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/>            |

## **WORK MODULE (OPTIONAL)**

The following questions ask about the impact of your arm, shoulder or hand problem on your ability to work (including home-making if that is your main work role).

Please indicate your job/work: \_\_\_\_\_

I do not work (you may skip this section)

Please check the box that best describes your physical ability in the past week. Indicate the difficulty of the following:

|  | NO DIFFICULTY              | MILD DIFFICULTY            | MODERATE DIFFICULTY        | SEVERE DIFFICULTY          | UNABLE                     |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. Using your usual technique for your work                    | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 2. Doing your usual work because of arm, shoulder or hand pain | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 3. Doing your work as well as you would like                   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 4. Spending the usual amount of time doing your work           | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

## **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 instrument (you may skip this section)

Please check the box that best describes your physical ability in the past week. Indicate the difficulty of the following:

|   | NO DIFFICULTY              | MILD DIFFICULTY            | MODERATE DIFFICULTY        | SEVERE DIFFICULTY          | UNABLE                     |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. Using your usual technique for playing your instrument or sport                  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 2. Playing your musical instrument or sport because of arm, shoulder or hand pain   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 3. Playing your musical instrument or sport as well as you would like               | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 4. Spending the usual amount of time practicing or playing your instrument or sport | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

For staff use ONLY:

**SCORING:**

QuickDASH Disability/Symptom Score (Questions 1-11):

$$\left[ \frac{(\text{sum of } n \text{ responses}) - 1}{n} \right] \times 25$$
, 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.#**

QDASH disability score = \_\_\_\_\_

Optional Modules (Work and Sports/Performing Arts):

$$\left[ \frac{(\text{sum of } n \text{ responses}) - 1}{n} \right] \times 25$$
, where n is equal to the number of completed responses.

**#An optional module score may not be calculated if there are any missing items.#**

WORK score = \_\_\_\_\_

SPORTS/PA score = \_\_\_\_\_

DASH RESULTS: 100 = worst score; 0 = best score

SANE (Single Assessment Numeric Evaluation):

\_\_\_\_\_ %

**STATISTICAL DATA:**

MDC - (minimal detectable change): 18 pts

MCID – (minimal clinically important difference): 16 pts