



# Upper Extremity Function QUICKDASH

All information taken by our team is confidential and will be used for the purpose of enhancing your care in the clinic.

Name *FIRST & LAST*

Date *DD/MM/YYYY*

## Work Module

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).

I do not work  
*YOU MAY SKIP THIS MODULE*

What is your job / work?

IDENTIFY YOUR LEVEL OF DIFFICULTY (CIRCLE APPROPRIATE NUMBER)	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 work?	1	2	3	4	5

## Sports / Performing Arts Module

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.

I do not play a sport or an instrument  
*YOU MAY SKIP THIS MODULE*

What is the sport or instrument which is most important to you?

IDENTIFY YOUR LEVEL OF DIFFICULTY (CIRCLE APPROPRIATE NUMBER)	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	UNABLE
Using your usual technique for playing your instrument or sport?	1	2	3	4	5
Playing your musical instrument or sport because of arm, shoulder or hand pain?	1	2	3	4	5
Playing your musical instrument or sport as well as you would like?	1	2	3	4	5
Spending your usual amount of time practising or playing your instrument or sport?	1	2	3	4	5

Score the optional modules: Add up assigned values for each response; divide by 4 (the number of items); subtract 1; multiply by 25.



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## Rate your ability to do the following activities in the LAST WEEK

	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	UNABLE
Open a tight or new jar	1	2	3	4	5
Do heavy household chores (e.g., wash walls, 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 (e.g., golf, hammering, tennis, etc.)	1	2	3	4	5
	NOT AT ALL	SLIGHTLY	MODERATELY	QUITE A BIT	EXTREMELY
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?	1	2	3	4	5
	NOT LIMITED AT ALL	SLIGHTLY LIMITED	MODERATELY LIMITED	VERY LIMITED	UNABLE
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
RATE THE SEVERITY OF THE FOLLOWING SYMPTOMS IN THE LAST WEEK.	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
	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	SO MUCH DIFFICULTY THAT I CAN'T SLEEP
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

Disability / symptom score: Add up assigned values for each response; divide by the number of responses; subtract 1; multiply by 25.