

The QuickDASH Outcome Measures

INSTRUCTIONS

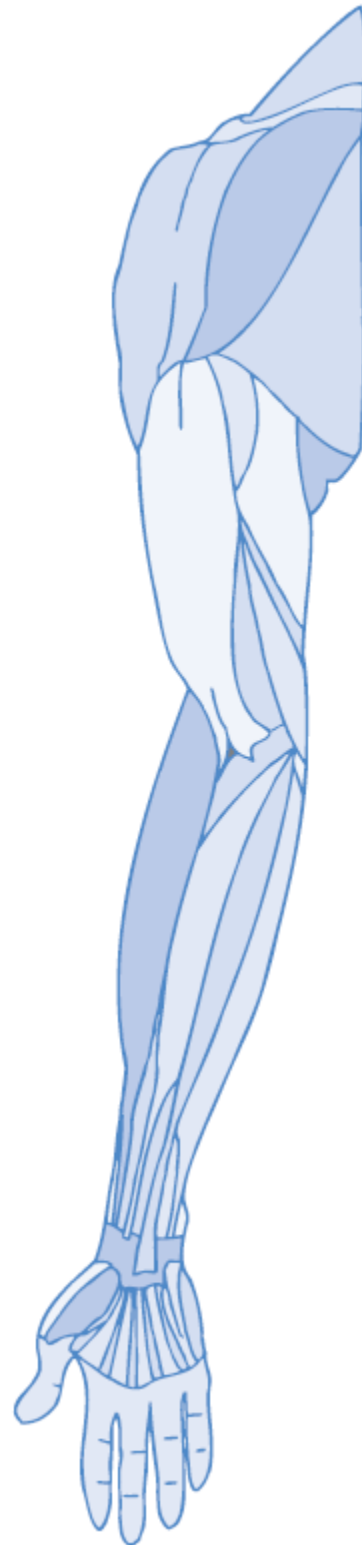
This questionnaire asks about your symptoms as well as your ability to perform certain activities.

Please answer every question, based on your condition in the last week, by checking the appropriate response.

If you did not have the opportunity to perform an activity in the past week, please make your best estimate of which response would be 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.

This questionnaire is designed to accommodate multiple evaluations, please only fill out the row for the evaluation date you are completing.



QuickDASH

Section 1: To be completed by patient

Name: _____

Age: _____

AD Non-Active Duty

Occupation: _____

Number of days of in pain: _____ (this episode)

Initial Date

Follow-up Date

Follow-up Date

Discharge/Follow-up Date

Section 2: To be completed by patient

Please rate your ability to do the following activities in the last week by checking the appropriate response.

Please only check boxes in the column for the evaluation date you are entering and only check one box per category.

	<u>Initial Evaluation</u>	<u>Follow-up</u>	<u>Follow-up</u>	<u>Discharge</u>
1. Open a jar.				
No Difficulty = 1				
Mild Difficulty = 2				
Moderate Difficulty = 3				
Severe Difficulty = 4				
Unable = 5				
2. Do heavy household chores (e.g., wash walls, floors, etc.)				
No Difficulty = 1				
Mild Difficulty = 2				
Moderate Difficulty = 3				
Severe Difficulty = 4				
Unable = 5				
3. Carry a shopping bag or briefcase.				
No Difficulty = 1				
Mild Difficulty = 2				
Moderate Difficulty = 3				
Severe Difficulty = 4				
Unable = 5				
4. Wash your back.				
No Difficulty = 1				
Mild Difficulty = 2				
Moderate Difficulty = 3				
Severe Difficulty = 4				
Unable = 5				
5. Use a knife to cut food.				
No Difficulty = 1				
Mild Difficulty = 2				
Moderate Difficulty = 3				
Severe Difficulty = 4				
Unable = 5				
6. Recreational activities in which you take some force or impact through your arm, shoulder or hand (e.g., golf, hammering, tennis, etc.)				
No Difficulty = 1				
Mild Difficulty = 2				
Moderate Difficulty = 3				
Severe Difficulty = 4				
Unable = 5				

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Section 2 (Con't): To be completed by patient

Please rate your ability to do the following activities in the last week by checking the appropriate response.

Please only check boxes in the column for the evaluation date you are entering and only check one box per category.

	<u>Initial Evaluation</u>	<u>Follow-up</u>	<u>Follow-up</u>	<u>Discharge</u>
7. During the past week, to what extent has your arm, shoulder or hand problem interfered with your normal social activities with family, friends, neighbors or groups?				
Not at all = 1				
Slightly = 2				
Moderately = 3				
Quite a bit = 4				
Extremely = 5				
8. During the past week, were you limited in your work on other regular daily activities as a result of your arm, shoulder or hand problem?				
Not limited at all = 1				
Slightly limited = 2				
Moderately limited = 3				
Very limited = 4				
Unable = 5				
Please rate the severity of the following symptoms in the last week.				
9. Arm, shoulder or hand pain.				
None = 1				
Mild = 2				
Moderate = 3				
Severe = 4				
Extreme = 5				
10. Tingling (pins and needles) in your arm, shoulder or hand.				
None = 1				
Mild = 2				
Moderate = 3				
Severe = 4				
Extreme = 5				
11. During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand?				
No difficulty = 1				
Mild difficulty = 2				
Moderate difficulty = 3				
Severe difficulty = 4				
So much difficulty that I can't sleep = 5				
TOTAL SCORE				
Total				
Divided by number of questions				
Subtract 1				
Times 25				
	TOTAL SCORE			

QuickDASH DISABILITY/SYMPTOM SCORE = $\left(\left[\frac{(\text{sum of } n \text{ responses})}{n} \right]^{-1} \right) \times 25$, 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.

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Section 3 - WORK MODULE (OPTIONAL): To be completed by patient

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).

Please indicate what your job/work is: _____

I do not work. (You may skip this section.)

Please check the response that best describes your physical ability in the past week.

Please only check boxes in the column for the evaluation date you are entering and only check one box per category.

	<u>Initial Evaluation</u>	<u>Follow-up</u>	<u>Follow-up</u>	<u>Discharge</u>
1. Using your usual technique for your work?				
No Difficulty = 1				
Mild Difficulty = 2				
Moderate Difficulty = 3				
Severe Difficulty = 4				
Unable = 5				
2. Doing your usual work because of arm, shoulder or hand pain?				
No Difficulty = 1				
Mild Difficulty = 2				
Moderate Difficulty = 3				
Severe Difficulty = 4				
Unable = 5				
3. Doing your work as well as you would like?				
No Difficulty = 1				
Mild Difficulty = 2				
Moderate Difficulty = 3				
Severe Difficulty = 4				
Unable = 5				
4. Spending your usual amount of time doing your work?				
No Difficulty = 1				
Mild Difficulty = 2				
Moderate Difficulty = 3				
Severe Difficulty = 4				
Unable = 5				
TOTAL SCORE				
Total				
Divided by number of questions				
Subtract 1				
Times 25				
	TOTAL SCORE			

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

An optional module score may not be calculated if there is greater than 1 missing item.

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Section 4 - SPORTS/PERFORMING ARTS MODULE (OPTIONAL): To be completed by patient

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 an instrument. (You may skip this section.)

Please check the response that best describes your physical ability in the past week.

Please only check boxes in the column for the evaluation date you are entering and only check one box per category.

	<u>Initial Evaluation</u>	<u>Follow-up</u>	<u>Follow-up</u>	<u>Discharge</u>
1. Using your usual technique for playing your instrument or sport?				
No Difficulty = 1				
Mild Difficulty = 2				
Moderate Difficulty = 3				
Severe Difficulty = 4				
Unable = 5				
2. Playing your musical instrument or sport because of arm, shoulder or hand pain?				
No Difficulty = 1				
Mild Difficulty = 2				
Moderate Difficulty = 3				
Severe Difficulty = 4				
Unable = 5				
3. Playing your musical instrument or sport as well as you would like?				
No Difficulty = 1				
Mild Difficulty = 2				
Moderate Difficulty = 3				
Severe Difficulty = 4				
Unable = 5				
4. Spending your usual amount of time practicing or playing your instrument or sport?				
No Difficulty = 1				
Mild Difficulty = 2				
Moderate Difficulty = 3				
Severe Difficulty = 4				
Unable = 5				
TOTAL SCORE				
Total				
Divided by number of questions				
Subtract 1				
Times 25				
	TOTAL SCORE			

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

An optional module score may not be calculated if there is greater than 1 missing item.

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Section 5: To be completed by physical therapist/provider

QuickDASH SCORE: Initial _____	Follow-up _____	Follow-up _____	Discharge/Follow-up _____
Work Module SCORE: Initial _____	Follow-up _____	Follow-up _____	Discharge/Follow-up _____
Sports Module SCORE: Initial _____	Follow-up _____	Follow-up _____	Discharge/Follow-up _____
TOTAL DISABILITY SCORE: _____	_____	_____	_____
Number of Treatment Sessions: _____			
Diagnosis/ICD-9 Code: _____			