

QuickDASH Follow-Up & Discharge

Patient name: \_\_\_\_\_ Date: \_\_\_\_\_

**PAIN LEVEL WITH ACTIVITY: 0 1 2 3 4 5 6 7 8 9 10**

- How satisfied are you with the level of care and service provided?  
 (1) **Very Satisfied** (2) **Satisfied** (3) **Unsatisfied** (4) **Very unsatisfied**
- Please rate your progress with functional activities from start of therapy to present:  
 (1) **Excellent** (2) **Good** (3) **Fair** (4) **Poor**
- At this point in your treatment, have your therapy goals been met?  
 (1) **Completely Met** (2) **Mostly Met** (3) **Partially Met** (4) **Not Met**

**Please rate your ability to do the following activities in the last week by circling the number below the appropriate response.**

	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	UNABLE
1. Open a tight or new jar	1	2	3	4	5
2. Do heavy household chores (e.g., wash walls, floors).	1	2	3	4	5
3. Carry a shopping bag or briefcase.	1	2	3	4	5
4. Wash your back	1	2	3	4	5
5. Use a knife to cut food.	1	2	3	4	5
6. 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
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?	1	2	3	4	5
	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	2	3	4	5
Please rate the severity of the following symptoms in the last week. (circle number)	NONE	MILD	MODERATE	SEVERE	EXTREME
9. Arm, shoulder or hand pain.	1	2	3	4	5
10. Tingling (pins and needles) in your arm, shoulder or hand.	1	2	3	4	5
	NONE	MILD	MODERATE	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	2	3	4	5

QuickDASH DISABILITY/SYMPTOM SCORE = (sum of n responses/n) - 1 x 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.

11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37
0	2	5	7	9	11	14	16	18	20	23	25	27	30	32	34	36	39	41	43	45	48	50	52	55	57	59
38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55									
61	64	66	68	70	73	75	77	80	82	84	86	89	91	93	95	98	100									

\*Office use only; Grey= raw score, White= calculated score