

## Quick DASH Shoulder Questionnaire

Please rate your ability to perform the following activities over the past week by circling the appropriate response.					
Activity	NO Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	Unable
1. Open a tight jar	1	2	3	4	5
2. Do heavy household chores (scrub floors, wash walls, etc.)	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 requiring force/impact through your arm, shoulder or hand (golf, hammering, tennis, shoveling, etc.)	1	2	3	4	5
Social Limitation	Not Limited	Slightly Limited	Moderately Limited	Quite Limited	Extremely Limited
7. During the past week, to what extent has your arm, shoulder or hand problem interfered with your normal social activities?	1	2	3	4	5
Work/ADL Limitation	Not 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
Severity of Symptoms (over the past week)	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
Sleeping Limitation	NO Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	Unable to Sleep
11. 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
Work Module (Complete if appropriate)					
Type of work/job you are performing:					
Rate the severity of the following symptoms in the last week...	NO Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	Unable
1. Using your usual technique for work	1	2	3	4	5
2. Performing your usual tasks/work because of arm, shoulder or hand pain	1	2	3	4	5
3. Performing your work/tasks as well as you would like	1	2	3	4	5
4. Spending your usual amount of time doing your work	1	2	3	4	5
Sports/Performing Arts Module					
Complete if your arm, shoulder or hand problem is impacting your ability to play a musical instrument or participate in a sporting activity					
Sport/Activity/Musical Instrument impacted:					
Did you have difficulty...	NO Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	Unable
1. Using your usual technique for playing your instrument or sport	1	2	3	4	5
2. Playing your musical instrument or sport because of arm, shoulder or hand pain	1	2	3	4	5
3. Playing your musical instrument or sport as well as you'd like	1	2	3	4	5
4. Spending your usual amount of time practicing or playing your instrument or sport	1	2	3	4	5

Name \_\_\_\_\_ Date \_\_\_\_\_