

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

## QuickDASH

### WORK MODULE (OPTIONAL)

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 your job/work is: \_\_\_\_\_

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

Please circle the number that best describes your physical ability in the past week.

Did you have difficulty:	No Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	Unable
1. Using your usual technique for your work? . . . . .	1	2	3	4	5
2. Doing your usual work because of arm, shoulder or hand pain? . . . . .	1	2	3	4	5
3. Doing your work 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

#### SCORING THE OPTIONAL MODULES:

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

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

QuickDASH Score (Work Module): \_\_\_\_\_ % disability

### 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 an instrument. (You may skip this section.)

Please circle the number that best describes your physical ability in the past week.

Do you have any 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 would 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

#### SCORING THE OPTIONAL MODULES:

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

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

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QuickDASH Score (Sports/Performing Arts Module): \_\_\_\_\_ % disability

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_

Date: \_\_\_\_\_