

Quick Dash-9

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 filling in the appropriate bubble. 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 the 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. Please completely fill in the selected bubbles.

Rate your ability to do the following activities in the last week by filling in the bubble below the appropriate response.

	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	UNABLE
Open a tight or new jar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do heavy household chores (e.g., wash walls, floors)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carry a shopping bag or briefcase	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wash your back	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use a knife to cut food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreational activities in which you take some force or impact through your arm, shoulder or hand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	NOT AT ALL	SLIGHTLY	MODERATELY	QUITE A BIT	EXTREMELY
To what extent has your arm, shoulder or hand problem interfered with your normal social activities with family, friends, neighbors or groups?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	NOT AT ALL	SLIGHTLY LIMITED	MODERATELY LIMITED	VERY LIMITED	UNABLE
Were you limited in your work or other regular daily activities as a result of your arm, shoulder or hand problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	NONE	MILD	MODERATE	SEVERE	EXTREME
Arm, shoulder or hand pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tingling (pins and needles) in your arm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	NONE	SLIGHT	MODERATE	QUITE A BIT	EXTREME
How much difficulty have you had sleeping because of the pain in your arm, shoulder or hand?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Patient Name : _____ DOB: _____