

**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 circling the appropriate number.

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.

**1. Please rate your pain level with activity: NO PAIN = 0 1 2 3 4 5 6 7 8 9 10 = VERY SEVERE PAIN**

|   | NO<br>DIFFICULTY   | MILD<br>DIFFICULTY | MODERATE<br>DIFFICULTY | SEVERE<br>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                                     |

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| Comorbidities:     | <input type="checkbox"/> Cancer<br><input type="checkbox"/> Diabetes<br><input type="checkbox"/> Heart Condition<br><input type="checkbox"/> High Blood Pressure<br><input type="checkbox"/> Multiple Treatment Areas  |
|                    | <input type="checkbox"/> Neurological Disorders (e.g., Parkinson's, Muscular Dystrophy, Huntington's, CVA, Alzheimer's, TBI)<br><input type="checkbox"/> Obesity<br><input type="checkbox"/> Surgery for this Problem<br><input type="checkbox"/> Systemic Disorders (e.g., Lupus, Rheumatoid Arthritis, Fibromyalgia) |
|                    | ICD Code:<br>_____   |