

Please rate your ability to do the following activities in the last week by circling the number

	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	UNABLE
Open a tight or new jar	1	2	3	4	5
Do heavy household chores (e.g. wash walls, floors).	1	2	3	4	5
Carry a shopping bag or briefcase	1	2	3	4	5
Wash your back	1	2	3	4	5
Use a knife to cut food	1	2	3	4	5
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

below the appropriate response.

	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	UNABLE
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

	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	UNABLE
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:

	NONE	MILD	MODERATE	SEVERE	EXTREME
Arm, shoulder or hand pain	1	2	3	4	5
Tingling (pins and needles) in your arm, shoulder or hand	1	2	3	4	5

	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	SO MUCH DIFFICULTY THAT I CANT SLEEP
During the past week, how much difficulty have you had sleeping because of pain in your arm, shoulder or hand?	1	2	3	4	5

$$\text{Quick Dash Disability/Symptom Score} = \left(\left[\frac{\text{Sum of Responses}}{n} \right] - 1 \right) \times 25$$

n is equal to the number of completed responses. A QuickDash score may NOT be calculated with with greater than one missing item.



Alternative Back Care

Physical Therapy *Achieving relief one back at a time*

NAME: _____ DATE: _____ SCORE: _____

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