

Name: _____

Date of Birth: _____



Southlake Orthopaedics

Physician: Dr. Bonatz

QuickDASH

Please rate your ability to do the following activities in the last week by entering the appropriate number in the blue box next to the response.

NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	UNABLE
1	2	3	4	5

1. Open a tight or new jar.
2. Do heavy household chores (e.g., wash walls, floors).
3. Carry a shopping bag or backpack.
4. Wash your back.
5. Use a knife to cut food.
6. Recreational activities in which you take some force or impact through your arm, shoulder or hand (e.g., golf, hammering, tennis, etc).

NOT AT ALL	SLIGHTLY	MODERATELY	QUITE A BIT	EXTREMELY
1	2	3	4	5

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?

NOT LIMITED AT ALL	SLIGHTLY LIMITED	MODERATELY LIMITED	VERY LIMITED	UNABLE
1	2	3	4	5

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?

Please rate the severity of the following symptoms in the last week.

NONE	MILD	MODERATE	SEVERE	EXTREME
1	2	3	4	5

9. Arm, shoulder or hand pain.
10. Tingling (pins and needles) in your arm, shoulder or hand.

NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	SO MUCH DIFFICULTY THAT I CAN'T SLEEP
1	2	3	4	5

11. During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand?

QuickDASH DISABILITY/SYMPTOM SCORE Sum Total / 11-1 = x (25). A QuickDASH score will not be calculated unless all questions are answered. Proprietary form used by Dr. Bonatz.