

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.

-25.00