

PATIENT NAME: _____ DATE: _____

Description: This survey is meant to help us obtain information from our patients regarding their current levels of discomfort and capability. Please circle the answers below that best apply.

1. Please rate your pain level with activity: 0 1 2 3 4 5 6 7 8 9 10

DASH (Quick DASH) – INITIAL AND FOLLOW UP VISIT

1. **Open a tight or new jar**
 - (1) No Difficulty
 - (2) Mild Difficulty
 - (3) Moderate Difficulty
 - (4) Severe Difficulty
 - (5) Unable
2. **Do heavy household chores (e.g., wash walls, floors).**
 - (1) No Difficulty
 - (2) Mild Difficulty
 - (3) Moderate Difficulty
 - (4) Severe Difficulty
 - (5) Unable
3. **Carry a shopping bag or briefcase.**
 - (1) No Difficulty
 - (2) Mild Difficulty
 - (3) Moderate Difficulty
 - (4) Severe Difficulty
 - (5) Unable
4. **Wash your back.**
 - (1) No Difficulty
 - (2) Mild Difficulty
 - (3) Moderate Difficulty
 - (4) Severe Difficulty
 - (5) Unable
5. **Use a knife to cut food.**
 - (1) No Difficulty
 - (2) Mild Difficulty
 - (3) Moderate Difficulty
 - (4) Severe Difficulty
 - (5) Unable
6. **Recreational activities in which you take some force or impact through your arm, shoulder or hand (e.g., golf, hammering, tennis, etc.).**
 - (1) No Difficulty
 - (2) Mild Difficulty
 - (3) Moderate Difficulty
 - (4) Severe Difficulty
 - (5) Unable
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) Not At All
 - (2) Slightly
 - (3) Moderately
 - (4) Quite A Bit
 - (5) Extremely
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) Not Limited At All
 - (2) Slightly Limited
 - (3) Moderately Limited
 - (4) Very Limited
 - (5) Unable
9. **Arm, shoulder or hand pain.**
 - (1) None
 - (2) Mild
 - (3) Moderate
 - (4) Severe
 - (5) Extreme
10. **Tingling (pins and needles) in your arm, shoulder or hand.**
 - (1) None
 - (2) Mild
 - (3) Moderate
 - (4) Severe
 - (5) Extreme
11. **During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand?**
 - (1) No Difficulty
 - (2) Mild Difficulty
 - (3) Moderate Difficulty
 - (4) Severe Difficulty
 - (5) So Much Difficulty That I Can't Sleep

Office use only: Patient ID#: _____