

Name: _____

Date: _____

QuickDASH-9

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.

Rate your ability to do the following activities in the last week by circling the number below the appropriate response.

	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	UNABLE
1. Open a tight or new jar.	0	1	2	3	4
2. Do heavy household chores (e.g., wash walls, floors).	0	1	2	3	4
3. Carry a shopping bag or briefcase.	0	1	2	3	4
4. Wash your back.	0	1	2	3	4
5. Use a knife to cut food.	0	1	2	3	4
6. Recreational activities in which you take some force or impact through your arm, shoulder or hand (e.g., golf, hammering, tennis, etc.).	0	1	2	3	4

	NOT AT ALL	SLIGHTLY	MODERATELY	QUITE EXTREMELY A BIT	
7. During the past week, <i>to what extent</i> has your arm, shoulder or hand problem interfered with your normal social activities with family, friends, neighbours or groups?	0	1	2	3	4

	NOT 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?	0	1	2	3	

	NONE	MILD	MODERATE	SEVERE	EXTREME
9. Arm, shoulder or hand pain.	0	1	2	3	4

A QuickDASH-9 score may not be calculated if there is greater than 1 missing item.

QuickDASH-9 SCORE = [(sum) x 1.1] x 5/2, a missing response is added as the average of the remaining.