

PINNACLE THERAPY AND WELLNESS CENTER

4110 Manatee Avenue West, Bradenton, FL 34205

Phone 941-748-8383 Fax 941-748-8484

QuickDASH

Please 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.	1	2	3	4	5
2. Do heavy household chores (e.g., wash walls, floors).	1	2	3	4	5
3. Carry a shopping bag or briefcase.	1	2	3	4	5
4. Wash your back.	1	2	3	4	5
5. Use a knife to cut food.	1	2	3	4	5
6. 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

	NOT AT ALL	SLIGHTLY	MODERATELY	QUITE A BIT	EXTREMELY
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, neighbors or groups?	1	2	3	4	5

	NOT LIMITED 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?	1	2	3	4	5

Please rate the severity of the following symptoms in the last week. (circle number)

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

	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	SO SEVERE, CAN'T SLEEP
11. During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand? (circle number)	1	2	3	4	5

QuickDASH DISABILITY/SYMPTOM SCORE = $\left(\left[\frac{\text{sum of } n \text{ responses}}{n} \right] - 1 \right) \times 25$, where n is equal to the number of completed responses.

A Quick DASH score may not be calculated if there is greater than 1 missing item.

Patient Name _____ Date _____ Score _____

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VISUAL ANALOG SCALE

Please place a mark on each line below to indicate how bad you feel your pain today, at best and at worst.

Pain Now




Pain at Best

Pain Worst

WORST PAIN

WORST PAIN

WORST PAIN

A vertical line representing a pain scale for 'Pain Now'. It starts at a horizontal line at the top labeled 'WORST PAIN' and ends at a horizontal line at the bottom labeled 'NO PAIN AT ALL'.A vertical line representing a pain scale for 'Pain at Best'. It starts at a horizontal line at the top labeled 'WORST PAIN' and ends at a horizontal line at the bottom labeled 'NO PAIN AT ALL'.A vertical line representing a pain scale for 'Pain Worst'. It starts at a horizontal line at the top labeled 'WORST PAIN' and ends at a horizontal line at the bottom labeled 'NO PAIN AT ALL'.

NO PAIN AT ALL

NO PAIN AT ALL

NO PAIN AT ALL

Patient Name _____ Date _____