



Rustic Market Square, Bay #5, 123 2nd Ave West, Cochrane, Alberta, T4C 2E7
 Phone: 403.981.1991 Fax: 403.981.7776
 sunshinephysio.com

SUNSHINE

Physiotherapy and Sport Rehabilitation

NAME: _____

DATE: _____

Quick DASH

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 tight or new jar.	1	2	3	4	5
2. Do heavy household chores (eg. 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 (eg., golf, hammering, tennis)	1	2	3	4	5

	Not at All	Slightly	Moderately	Quite a Bit	Extremely
During the past week, to what extent has your arm, shoulder or hand problem interfered with your normal social activities?	1	2	3	4	5

	Not Limited	Slightly Limited	Moderately Limited	Very Limited	Unable
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 past week.	None	Mild	Moderate	Severe	Extreme
1. Arm, shoulder or hand pain.	1	2	3	4	5
2. Tingling (pins and needles) in your arm, shoulder or hand.	1	2	3	4	5



Rustic Market Square, Bay #5, 123 2nd Ave West, Cochrane, Alberta, T4C 2E7
 Phone: 403.981.1991 Fax: 403.981.7776
 sunshinephysio.com

SUNSHINE

Physiotherapy and Sport Rehabilitation

	No Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	So Much Difficulty (Inability to sleep)
During the past week, to what extent has your arm, shoulder or hand problem interfered with your normal social activities?	1	2	3	4	5

WORK MODULE (Optional)

The following questions ask about the impact of your arm, shoulder or hand problem on your ability to work.

Please indicate what your job is: _____

Please circle the number that best describes your physical ability in the past week.

Did you have any difficulty:	No Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	Unable
1. Using your usual technique for your work?	1	2	3	4	5
2. Doing your usual work because of arm, shoulder, or hand pain?	1	2	3	4	5
3. Doing your work as well as you would like?	1	2	3	4	5
4. Spending your usual amount of time doing your work?	1	2	3	4	5

SPORTS/PERFORMING ARTS MODULE (Optional)

The following questions relate to the impact of your arm, shoulder or hand problem on playing with your musical instrument or sport or both. If you play more than one sport or instrument (or both), please answer with respect to that activity which is most important to you.

Please indicate the sport or instrument which is most important to you: _____

Did you have any difficulty:	No Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	Unable
1. Using your usual technique for playing your instrument or sport?	1	2	3	4	5
2. Playing your musical instrument or sport because of arm, shoulder, or hand pain?	1	2	3	4	5
3. Playing your musical instrument or sport as well as you would like?	1	2	3	4	5
4. Spending your usual amount of time practicing or playing your musical instrument or sport?	1	2	3	4	5