

Brooklin Village Physiotherapy

A Division of R.C. Fryzuk Physiotherapy Professional Corporation

Name: _____	Initial <input type="checkbox"/>	Follow up <input type="checkbox"/>	Discharge <input type="checkbox"/>
Date: _____	Score: _____		

Quick Dash – Please fill out this form on the date of your assessment for accurate results

	No Difficulty 1	Mild Difficulty 2	Moderate Difficulty 3	Severe Difficulty 4	Unable 5
Open a tight new jar					
Do heavy household chores (e.g., Wash walls, floors).					
Carry a shopping bag or briefcase					
Wash your back					
Use a knife to cut food					
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 1	Slightly 2	Moderately 3	Quite a bit 4	Extremely 5
During the past week, to what extent has your arm, shoulder or hand problem interfered with your normal social activities, family, friends, neighbors or groups?					

	Not at all Limited 1	Slightly Limited 2	Moderately Limited 3	Quite a bit Limited 4	Extremely Limited 5
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. (Select the box that applies)	Not at all 1	Slightly 2	Moderately 3	Quite a bit 4	Extremely 5
Arm, shoulder or hand pain					
Tingling (pins and needles) in your arm, shoulder or hand					

	Not at all Limited 1	Slightly Limited 2	Moderately Limited 3	Quite a bit Limited 4	Extremely Limited 5
During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand?					

CALCULATION SCORE = ([Sum of N responses/n]-1) x25

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Work Module (Optional)

The following questions ask about the impact of your arm, shoulder or hand problem on your ability to work (including homemaking if that is your main work role).

Please indicate what your job/work is: _____

I do not work. (You may skip this section).

Please select the level of difficulty that best describes your physical ability in the past week.

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

Sports/Performing Arts Module (Optional)

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

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

I do not play a sport or musical instrument. (You may skip this section).

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

OPTIONAL MODULES CAN ONLY BE SCORED IF ALL 4 QUESTIONS ARE ANSWERED.

MUST BE CALCULATED PER MODULE.

CALCULATION SCORE – ((Sum of N responses/n]-1) x25