

QuickDASH Follow-Up & Discharge Patient name: _____

Date: _____

1. Please rate your pain level with activity: NO PAIN = 0 1 2 3 4 5 6 7 8 9 10 = VERY SEVERE PAIN

2. How satisfied are you with the level of care and service provided?

(1) **Very Satisfied** (2) **Satisfied** (3) **Unsatisfied** (4) **Very unsatisfied**

3. Please rate your progress with functional activities from start of therapy to present:

(1) **Excellent** (2) **Good** (3) **Fair** (4) **Poor**

4. At this point in your treatment, have your therapy goals been met?

(1) **Completely Met** (2) **Mostly Met** (3) **Partially Met** (4) **Not Met**

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 LIMITED	MODERATELY LIMITED	QUITE A BIT LIMITED	EXTREMELY LIMITED
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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 2 3 4 5

	NOT LIMITED AT ALL	SLIGHTLY LIMITED	MODERATELY LIMITED	VERY LIMITED	UNABLE
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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

	NONE	MILD	MODERATE	SEVERE	SO MUCH DIFFICULTY THAT I CAN'T SLEEP
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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