



NAME _____ Primary Complaint: _____

Preferred Pronoun: *He/Him/His* *She/Her/Hers* *They/Them/Theirs* *Other*

1. Please indicate your usual level of pain during the past week:
No pain* 0 1 2 3 4 5 6 7 8 9 10 *Worst possible pain
2. Does pain, numbness, tingling or weakness extend into your leg (from low back) and/or arm (from neck)?
None of the time* 0 1 2 3 4 5 6 7 8 9 10 *All of the time
3. How would you rate your general health? (10-x)
Poor* 0 1 2 3 4 5 6 7 8 9 10 *Excellent
4. If you had to spend the rest of your life with your condition as it is right now, how would you feel?
Delighted* 0 1 2 3 4 5 6 7 8 9 10 *Terrible
5. How anxious (i.e., tense, uptight, irritable, fearful, difficulty in concentrating/relaxing) have you been feeling during the past week?
Not at all* 0 1 2 3 4 5 6 7 8 9 10 *Extremely anxious
6. How much have you been able to control (i.e., reduce/help) your pain/complaint on your own during the past week?
I can reduce it* 0 1 2 3 4 5 6 7 8 9 10 *I can't reduce it all
7. Please indicate how depressed (e.g., blue, downhearted, sad, in low spirits, pessimistic, hopeless feeling) you have been feeling in the past week
Not depressed at all* 0 1 2 3 4 5 6 7 8 9 10 *Extremely depressed
8. On a scale of 0 to 10, how certain are you that you will be doing normal activities or working within six months?
Very certain* 0 1 2 3 4 5 6 7 8 9 10 *Not certain at all
9. I can do light work for an hour:
Completely agree* 0 1 2 3 4 5 6 7 8 9 10 *Completely disagree
10. I can sleep at night:
Completely agree* 0 1 2 3 4 5 6 7 8 9 10 *Completely disagree
11. An increase in pain is an indication that I should stop what I am doing until the pain decreases:
Completely agree* 0 1 2 3 4 5 6 7 8 9 10 *Completely disagree
12. Physical activity makes my pain worse:
Completely disagree* 0 1 2 3 4 5 6 7 8 9 10 *Completely agree
13. I should not do my normal activities, including work, with my present pain:
Completely disagree* 0 1 2 3 4 5 6 7 8 9 10 *Completely agree

Patient Signature _____

Date: _____



Patient Specific Functional Scale (PSFS):

Identify 2-3 activities that you are not able to do or have difficulty with as a result of your chief complaint.

Write the activity that you are having trouble with in the space provided below (e.g., running, sitting, standing, etc.), then circle the number that corresponds to that activity.

1. How difficult is _____ for you?
Unable to perform 0 1 2 3 4 5 6 7 8 9 10 Able to perform fully

2. How difficult is _____ for you?
Unable to perform 0 1 2 3 4 5 6 7 8 9 10 Able to perform fully

3. How difficult is _____ for you?
Unable to perform 0 1 2 3 4 5 6 7 8 9 10 Able to perform fully

Pain Limitation: Over the past 24 hours, how much has your pain limited you from performing any of your normal, daily activities?

Activities severely limited 0 1 2 3 4 5 6 7 8 9 10 Activities not limited

Pain Intensity: Over the past 24 hours, how bad has your pain been?

No Pain 0 1 2 3 4 5 6 7 8 9 10 Pain as bad as it can be

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, to what extent has your arm, shoulder or hand problem interfered with your normal social activities?	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 MUCH DIFFICULTY THAT I 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

$$= \left(\left(\frac{\text{sum of the value of } n \text{ responses}}{n} \right) - 1 \right) \times 25$$

QuickDASH DISABILITY/SYMPTOM SCORE

where n is equal to the number of completed responses.

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

QuickDASH

WORK MODULE (OPTIONAL)

The following questions ask about the impact of your arm, shoulder or hand problem on your ability to work (including homemaking as the significant work role)

Please indicate what your job/work is:

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

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 your musical instrument or sport or both. If you play more than one sport or instrument (or play both), please answer with respect to the activity which is most important to you.

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

I do not play a sport or an instrument (you may skip this section).

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 playing your musical 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 instrument or sport?	1	2	3	4	5

SCORING THE OPTIONAL MODULES: Add up assigned values for each response; divide by 4 (number of items); subtract 1; multiply by 25.

An optional module may not be calculated if there are any missing items.