

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 | 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 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 |
| | NONE | MILD | MODERATE | 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 |