



# Choice Therapy

## Quick Dash

Question	No Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	Unable
1. Open a tight new jar?	1	2	3	4	5
2. Do heavy household chores? (wash walls, wash floor, etc.)	1	2	3	4	5
3. Carry a shopping bag or brief case?	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 activity in which you take some force or impact through your arm, shoulder or hand? (golf, hammering, tennis, etc.)	1	2	3	4	5
Question	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
Question	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 past week	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
Question	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?	1	2	3	4	5