



Covenant HealthCare 1447 North Harrison Saginaw, MI 48602

ASSESSMENT/QUICKDASH DISABILITY SYMPTOM ADL

PFC	2983 (R 10/13) ADL				PATIENT I.D.	
Ple	ase rate your ability to do the following activities in	the last week	by circling the	number belov	v the appropri	ate 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.		NOT AT ALL	SLIGHTLY	MODERATELY	QUITE A BIT	EXTREMELY
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?	1	2	3	4	5
Pat	ient Signature:	Date:				
	/isit#: □ 8 visits □ 16 visits □ 24 visits □ 32 visits □ discharge □ other					
	ickDASH DISABILITY/SYMPTOM SCORE = ([s					

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

of completed responses.