

Disabilities of the Arm, Shoulder and Hand

Name: _____

Date: _____

Please rate your ability to do the following activities in the last week.

	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable to perform
1. Open a tight or new jar.					
2. Write.					
3. Turn a key.					
4. Prepare a meal.					
5. Push open a heavy door.					
6. Place an object on a shelf.					
7. Do heavy household chores (e.g. wash walls, wash floors).					
8. Garden or do yard work.					
9. Make a bed.					
10. Carry a shopping bag or briefcase.					
11. Carry a heavy object (over 10lbs).					
12. Change a lightbulb overhead.					
13. Wash or blow dry your hair.					
14. Wash your back.					
15. Put on a pullover sweater.					
16. Use a knife to cut food.					
17. Recreational activities which require little effort (e.g. cardplaying, knitting, etc.).					
18. Recreational activities in which you take some force or impact through your arm, shoulder or hand (e.g. golf, hammering, tennis, etc).					

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Not at all Slightly Moderately Quite a bit Extremely

19. Recreational activities in which you move your arm freely (e.g. playing frisbee, badminton, etc.).					
20. Manage transportation needs (getting from one place to another).					
21. Sexual activities.					
22. 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?					
23. 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?					

Please rate the severity of the following symptoms in the past week.

None Mild Moderate Severe Extreme

24. Arm, shoulder or hand pain.					
25. Arm shoulder or hand pain when you performed any specific activity.					
26. Tingling (pins and needles) in your arm, shoulder or hand.					
27. Weakness in your arm, shoulder or hand.					
28. Stiffness in your arm, shoulder or hand.					

No difficulty Mild difficulty Moderate difficulty Severe difficulty Pain affects sleep

29. During the past week, how much difficulty have you had sleeping because of pain in your arm, shoulder or hand?					
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Strongly disagree Disagree Agree N/A Strongly agree

30. I feel less capable, less confident or less useful because of my arm, shoulder or hand problem.					
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DASH DISABILITY SYMPTOM SCORE = [(sum of n responses/n) - 1] x 25, where n is equal to the number of completed responses. DASH score may not be calculated if there are greater than 3 missing items .