

Disabilities of the Arm, Shoulder and Hand (DASH) Score

Name _____ Date _____

INSTRUCTIONS: This questionnaire asks about your symptoms as well as your ability to perform certain activities. Please answer every question based on your condition in the **last week**. If you did not have the opportunity to perform an activity in the past week, please make your best estimate on which response would be the most accurate. It doesn't matter which hand or arm you use to perform the activity: please answer based on your ability regardless of how you perform the task.

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

MH	1 Open a tight or new jar	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable
MH	2 Write	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable
MH	3 Turn a key	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable
SC	4 Prepare a meal	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable
MH	5 Push open a heavy door	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable
MH	6 Place an object on a shelf above your head	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable
O	7 Do heavy household chores (e.g. wash walls, wash floors)	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable
O	8 Garden or do yard work	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable
O	9 Make a bed	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable
MH	10 Carry a shopping bag or briefcase	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable
MH	11 Carry a heavy object (over 10 lbs.)	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable
MH	12 Change a lightbulb overhead	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable
SC	13 Wash or blow dry your hair	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable
SC	14 Wash your back	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable
SC	15 Put on a pullover sweater	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable
SC	16 Use a knife to cut food	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable
MH	17 Recreational activities which require little effort (e.g. cardplaying, knitting, etc.)	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable
MH	18 Recreational activities in which you take some force or impact through your arm shoulder or hand (e.g. golf, hammering, tennis, etc.)	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable
MH	19 Recreational activities in which you move your arm freely (e.g. playing fribee, badminton etc.)	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable
O	20 Manage transportation needs (getting from one place to another)	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable
O	21 Sexual activities	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable

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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?	Normal	Slightly	Moderately	Quite a bit	Extremely
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?	Not limited at all	Slightly limited	Moderately limited	Very limited	Unable

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

24 Arm, shoulder or hand pain	None	Mild	Moderate	Severe	Extreme
25 Arm, shoulder or hand pain when you performed any specific activity	None	Mild	Moderate	Severe	Extreme
26 Tingling (<i>pins and needles</i>) in your arm, shoulder or hand	None	Mild	Moderate	Severe	Extreme
27 Weakness in your arm, shoulder or hand	None	Mild	Moderate	Severe	Extreme
28 Stiffness in your arm, shoulder or hand	None	Mild	Moderate	Severe	Extreme
29 During the past week how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand?	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	So much I can't sleep
30 I feel less capable, less confident or less useful because of my arm, shoulder or hand problem	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree