

DISABILITIES OF THE ARM, SHOULDER AND HAND

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. Write	1	2	3	4	5
3. Turn a key	1	2	3	4	5
4. Prepare a meal	1	2	3	4	5
5. Push open a heavy door	1	2	3	4	5
6. Place an object on a shelf or above your head	1	2	3	4	5
7. Do heavy household chores	1	2	3	4	5
8. Garden or do yard work	1	2	3	4	5
9. Make a bed	1	2	3	4	5
10. Carry a shopping bag or briefcase	1	2	3	4	5
11. Carry a heavy object (over 10 lbs)	1	2	3	4	5
12. Change a light bulb overhead	1	2	3	4	5
13. Wash or blow dry your hair	1	2	3	4	5
14. Wash your back	1	2	3	4	5
15. Put on a pullover sweater	1	2	3	4	5
16. Use a knife to cut food	1	2	3	4	5
17. Recreational activities that require little effort	1	2	3	4	5
18. Recreational activities that take force through arm/shoulder/hand	1	2	3	4	5
19. Recreational activities in which you move your arm freely	1	2	3	4	5
20. Manage transportation needs	1	2	3	4	5
21. Sexual activities	1	2	3	4	5
	NONE AT ALL	SLIGHTLY	MODERATELY	QUITE A BIT	EXTREMELY
22. During the past week, to what extent has your arm, shoulder or hand problem interfered with normal social activities?	1	2	3	4	5
	NOT LIMITED	SLIGHTLY LIMITED	MODERATELY LIMITED	VERY LIMITED	UNABLE
23. During the past week, were you limited in your work or other regularly daily activities as a result of your arm, shoulder or hand problem?	1	2	3	4	5

OVER →

Please rate the severity of the following symptoms in the LAST WEEK.

	NONE	MILD	MODERATE	SEVERE	EXTREME
24. Arm, shoulder or hand pain	1	2	3	4	5
25. Arm, shoulder or hand pain when you performed any specific activity	1	2	3	4	5
26. Tingling in your arm, shoulder or hand	1	2	3	4	5
27. Weakness in your arm, shoulder or hand	1	2	3	4	5
28. Stiffness in your arm, shoulder or hand	1	2	3	4	5

	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	CAN'T SLEEP
29. 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

	STRONGLY DISAGREE	DISAGREE	NEITHER	AGREE	STRONGLY AGREE
30. I feel less capable, less confident or less useful because of my arm, shoulder or hand problem	1	2	3	4	5

DASH DISABILITY/SYMPTOM SCORE: = [(sum of n responses)/n – 1] x 25, n = # of completed responses

PATIENT SIGNATURE: _____

DATE: _____