

Disabilities of the Arm, Shoulder, and Hand

Patient Name: _____ Date: _____

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**, by circling the appropriate number. If you do 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 you ability regardless of how you perform the task.

	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 above your head.	1	2	3	4	5
7. Do heavy household chores (e.g. wash walls, wash floors).	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 10lbs.).	1	2	3	4	5
12. Change a lightbulb 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 which require little effort (e.g. cardplaying, knitting etc).	1	2	3	4	5
18. 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
19. Recreational activities in which you move your arm freely (e.g. playing frisbee, badminton, etc).	1	2	3	4	5
20. Manage transportation needs (getting from one place to another).	1	2	3	4	5
21. Sexual activities.	1	2	3	4	5

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	Not at All	Slightly	Moderately	Quite a Bit	Extremely
22. During the past week, to <i>what extent</i> has your arm shoulder or hand problem interfered with your normal social activities with family, friends, neighbors or groups? <i>(Circle number)</i>	1	2	3	4	5
	Not limited at all	Slightly limited	Moderately limited	Very Limited	Unable
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? <i>(Circle number)</i>	1	2	3	4	5
Please Rate the severity of the following symptoms in the last week <i>(Circle number)</i>	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 (pins or needles) 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	So much Difficulty that I 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? <i>(Circle number)</i>	1	2	3	4	5
	Strongly Disagree	Disagree	Neither agree nor Disagree	Agree	Strongly Agree
30. I feel less capable, less confident, or less useful because of my arm, shoulder or hand problem. <i>(Circle number)</i>	1	2	3	4	5

DASH DISABILITY/SYMPATOM SCORE = _____. ([(sum or n responses / n) - 1] x 25, where n is the number of responses.)

A DASH score may not be calculated if there are greater than 3 missing items.