

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

Patient's name _____

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.

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

22. During the past week, to what extent has your arm, shoulder or hand problem interfered with your normal social activities with family, friends, neighbours or groups? Not at all Slightly Moderately Quite a bit Extremely
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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
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- Please rate the severity of the following symptoms 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 (pins and needles) 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
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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
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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
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Thank you very much for completing all the questions in this questionnaire.

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Score is