

DISABILITIES OF THE ARM, SHOULDER, AND HAND (DASH)

Please rate your ability to do the following activities in the last week by circling the number below the appropriate response.

PATIENT SIGNATURE: _____		NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	UNABLE
PATIENT: _____ DATE: _____						
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.(EX: WASH WALLS OR 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 10 LBS).	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. (EX: CARDPLAYING, KNITTING)	1	2	3	4	5
18	RECREATIONAL ACTIVITIES WHICH REQ MODERATE FORCE OR IMPACT THROUGH YOUR ARM, SHOULDER, OR HAND. (EX: GOLF, TENNIS)	1	2	3	4	5
19	RECREATIONAL ACTIVITIES WHICH REQ FREE ARM MOVEMENT. (EX: PLAYING FRISBEE, BADMINTON)	1	2	3	4	5
20	MANAGE TRANSPORTATION NEEDS. (GOING FROM 1 PLACE TO ANOTHER)	1	2	3	4	5
21	SEXUAL ACTIVITIES.	1	2	3	4	5
		NOT AT ALL	SLIGHTLY	MODERATELY	QUITE A BIT	EXTREMELY
22	DURING PAST WEEK, TO WHAT EXTENT HAS YOUR ARM, SHOULDER, OR HAND PROBLEM INTERFERED WITH YOUR NORMAL SOCIAL ACTIVITIES, WITH FAMILY, FRIENDS, NEIGHBORS, OR GROUPS?	1	2	3	4	5
		NO LIMIT	SLIGHT LIMIT	MODERATE LIMIT	VERY LIMITED	UNABLE
23	DURING PAST WEEK, WERE YOU LIMITED IN YOUR WORK OR OTHER REGULAR DAILY ACTIVITIES AS A RESULT OF YOUR ARM, SHOULDER, OR HAND PROBLEM?	1	2	3	4	5
		NONE	MILD	MODERATE	SEVERE	EXTREME
24	ARM, SHOULDER, OR HAND PAIN.	1	2	3	4	5
25	ARM, SHOULDER OR HAND PAIN WHEN PERFORMING ANY SPECIFIC ACTIVITY.	1	2	3	4	5
26	TINGLING (PINS & NEEDLES) IN ARM, SHOULDER, OR HAND.	1	2	3	4	5
27	WEAKNESS IN ARM, SHOULDER OR HAND.	1	2	3	4	5
28	STIFFNESS IN ARM, SHOULDER, OR HAND.	1	2	3	4	5
		NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	SO MUCH I CANNOT SLEEP
29	DURING PAST WEEK, HOW MUCH DIFFICULTY HAVE YOU HAD SLEEPING DUE TO THE PAIN IN YOUR ARM, SHOULDER, OR HAND?	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 DUE TO MY ARM, SHOULDER, OR HAND PROBLEM.	1	2	3	4	5

DASH DISABILITY/SYMPTOM SCORE=_____ ([(sum of n responses/n)-1]x25, where n is the number of complete responses.)
 A DASH score may not be calculated if there are greater than 3 missing items.