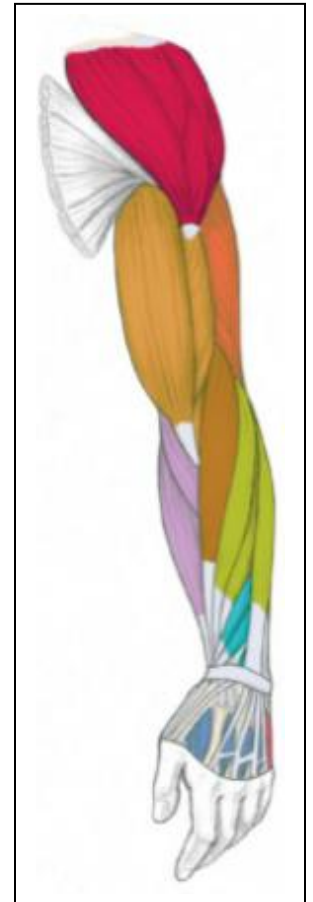


Disabilities of the Arm, Shoulder, and Hand (DASH)

PATIENT NAME: _____ DATE OF BIRTH: _____

Please rate your difficulty in do the following activities in the LAST WEEK:

1. Open a tight or new jar	No difficulty	Mild difficulty	Moderate	Severe	Unable
2. Write	No difficulty	Mild difficulty	Moderate	Severe	Unable
3. Turn a key	No difficulty	Mild difficulty	Moderate	Severe	Unable
4. Prepare a meal	No difficulty	Mild difficulty	Moderate	Severe	Unable
5. Push open a heavy door	No difficulty	Mild difficulty	Moderate	Severe	Unable
6. Place an object on a shelf above your head	No difficulty	Mild difficulty	Moderate	Severe	Unable
7. Do heavy household chores (e.g. wash walls, wash floors)	No difficulty	Mild difficulty	Moderate	Severe	Unable
8. Garden or do yard work	No difficulty	Mild difficulty	Moderate	Severe	Unable
9. Make a bed	No difficulty	Mild difficulty	Moderate	Severe	Unable
10. Carry a shopping bag or briefcase	No difficulty	Mild difficulty	Moderate	Severe	Unable
11. Carry a heavy object (over 10 lbs.)	No difficulty	Mild difficulty	Moderate	Severe	Unable
12. Change a lightbulb overhead	No difficulty	Mild difficulty	Moderate	Severe	Unable
13. Wash or blow dry your hair	No difficulty	Mild difficulty	Moderate	Severe	Unable
14. Wash your back	No difficulty	Mild difficulty	Moderate	Severe	Unable
15. Put on a pullover sweater	No difficulty	Mild difficulty	Moderate	Severe	Unable
16. Use a knife to cut food	No difficulty	Mild difficulty	Moderate	Severe	Unable



Be sure to scroll to the 2nd page

17. Recreational activities which require little effort (e.g. card playing, knitting, etc)
 No difficulty Mild difficulty Moderate Severe Unable
18. Recreational activities which take some force or impact through your arm, shoulder or hand (e.g. golf, hammering, tennis, etc.)
 No difficulty Mild difficulty Moderate Severe Unable
19. Recreational activities in which you move your arm freely (e.g. playing frisbee, badminton, etc)
 No difficulty Mild difficulty Moderate Severe Unable
20. Manage transportation needs (getting from one place to another)
 No difficulty Mild difficulty Moderate Severe Unable
21. Sexual activities
 No difficulty Mild difficulty Moderate Severe 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, neighbors, or groups?
 No difficulty Mild difficulty Moderate Severe Unable
23. During the past week, were you limited in your work or other regular activities because of your arm?
 No difficulty Mild difficulty Moderate Severe Unable

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/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
29. During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder, or hand?
 None Mild Moderate Severe Extreme
30. I feel less capable, less confident, or less useful because of my arm, shoulder, or hand problem
 None Mild Moderate Severe Extreme

FOR OFFICE USE ONLY:

DASH disability/symptom score = _____
 ([(sum of n responses / n) - 1] x 25, where n is the number of the completed responses)

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