

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

Please rate the **LEVEL OF DIFFICULTY** you would have doing the following activities **IF** you did them using the affected arm/shoulder/hand. Circle the correct response.

	None	Mild	Moderate	Severe	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 (mop, vacuum).	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 an overhead lightbulb.	1	2	3	4	5
13. Wash or blowdry 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 like cardplaying or knitting.	1	2	3	4	5
18. Recreational activities like golf, hammering, tennis.	1	2	3	4	5
19. Recreational activities where 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

22. During the past week, to what extent has your arm/shoulder/hand problem interfered with your normal social activities with family/friends: **Not at all (1) Slightly (2) Moderately (3) Quite a bit (4) Extremely (5)**
23. During the past week, how limited were you in your work or other daily activities as a result of your arm/shoulder/hand problem? **Not at all (1) Slightly (2) Moderately (3) Quite a bit (4) Extremely (5)**

Please rate the severity of the following symptoms in the last week:

	NONE	MILD	MODERATE	SEVERE	EXTREME
24. Arm/shoulder/hand pain.	1	2	3	4	5
25. Arm/shoulder/hand pain when performing a specific activity.	1	2	3	4	5
26. Tingling/pins & needles in arm/shoulder/hand.	1	2	3	4	5
27. Weakness in arm/shoulder/hand.	1	2	3	4	5
28. Stiffness in arm/shoulder/hand.	1	2	3	4	5
29. Level of difficulty sleeping due to arm/shoulder/hand pain?	1	2	3	4	5

30. I feel less capable, confident, or useful because of my arm/shoulder/hand problem:
STRONGLY DISAGREE (1) DISAGREE (2) NEUTRAL (3) AGREE (4) STRONGLY AGREE (5)

FOR STAFF ONLY:

(SUM OF n RESPONSES/n)-1 ("n" IS THE NUMBER OF COMPLETED RESPONSES) = _____ x 25= _____