

Disabilities of the Arm, Shoulder and Hand

The DASH

Name: _____

Date: _____

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

	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 10 lbs).	1	2	3	4	5
12. Change a light bulb 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. card playing, 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

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? (circle number)

NOT AT ALL	SLIGHTLY	MODERATELY	QUITE A BIT	EXTREMELY
1	2	3	4	5

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? (circle number).

NOT LIMITED AT ALL	SLIGHTLY LIMITED	MODERATE LIMITED	VERY LIMITED	UNABLE
1	2	3	4	5

Please rate the severity of the following symptoms in the last week (circle number).

	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 and 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

29. During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand? (circle number).

NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	SO MUCH DIFFICULTY THAT I CAN'T SLEEP
1	2	3	4	5

30. I feel less capable, less confident or less useful because of my arm, shoulder or hand problem. (circle number)

STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
1	2	3	4	5

For Therapist Use:

DASH SCORE: _____ %
 $[(\text{sum of } n \text{ responses}/n)-1] \times 25$

Cannot calculate score if > 3 missing items