

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

Name: _____ **Date:** _____

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, by circling the appropriate number. 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 difficulty.	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	UNABLE
Open a tight or new jar	1	2	3	4	5
Write	1	2	3	4	5
Turn a key	1	2	3	4	5
Prepare a meal	1	2	3	4	5
Push open a heavy door	1	2	3	4	5
Place an object on a shelf above your head	1	2	3	4	5
Do heavy household chores (vacuum, scrub)	1	2	3	4	5
Garden or do yard work	1	2	3	4	5
Make a bed	1	2	3	4	5
Carry a shopping bag or briefcase	1	2	3	4	5
Carry a heavy object (over 10 lbs.)	1	2	3	4	5
Change a light bulb overhead	1	2	3	4	5
Wash or blow dry your hair	1	2	3	4	5
Wash your back	1	2	3	4	5
Put on a pullover shirt or sweater	1	2	3	4	5
Use a knife to cut food	1	2	3	4	5
Recreational activities which require little effort (card playing, knitting, etc.)	1	2	3	4	5
Recreational activities in which you take some force or impact (golf, hammering, tennis, etc.)	1	2	3	4	5
Recreational activities in which you move your arm freely (throwing, frisbee, etc.)	1	2	3	4	5
Manage transportation needs (getting from one place to another)	1	2	3	4	5
Work or regular daily activities due to arm, shoulder, or hand problems	1	2	3	4	5
Social activities	1	2	3	4	5
Sleep	1	2	3	4	5

Please rate your symptoms.	NONE	MILD	MODERATE	SEVERE	EXTREME
Arm, shoulder, or hand pain	1	2	3	4	5
Arm, shoulder, or hand pain when you performed any specific activity	1	2	3	4	5
Tingling (pins & needles) in your arm, shoulder, or	1	2	3	4	5
Weakness in your arm, shoulder, or hand	1	2	3	4	5
Stiffness in your arm, shoulder, or hand	1	2	3	4	5

Please rate your confidence.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I feel less capable, less confident or less useful because of my arm	1	2	3	4	5

Please rate the severity of your pain at its worst and at its best by circling a number between 0 and 10.

0	1	2	3	4	5	6	7	8	9	10
no pain	mild, annoying		nagging, uncomfortable			increasing, miserable		intense, dreadful		worst possible

Score: _____ Difficult Total _____ + Symptom Total _____ + Confidence Total _____ = _____ DASH Score = [(_____ (Total) / # of responses)-1] x 25 = _____