

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

Clinician's name (or ref)

Patient's name (or ref)

INSTRUCTIONS: 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*. 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 ability to do the following activities in the last week.

1. Open a tight or new jar	<input type="radio"/> No difficulty	<input type="radio"/> Mild difficulty	<input type="radio"/> Moderate difficulty	<input type="radio"/> Severe difficulty	<input type="radio"/> Unable
2. Write	<input type="radio"/> No difficulty	<input type="radio"/> Mild difficulty	<input type="radio"/> Moderate difficulty	<input type="radio"/> Severe difficulty	<input type="radio"/> Unable
3. Turn a key	<input type="radio"/> No difficulty	<input type="radio"/> Mild difficulty	<input type="radio"/> Moderate difficulty	<input type="radio"/> Severe difficulty	<input type="radio"/> Unable
4. Prepare a meal	<input type="radio"/> No difficulty	<input type="radio"/> Mild difficulty	<input type="radio"/> Moderate difficulty	<input type="radio"/> Severe difficulty	<input type="radio"/> Unable
5. Push open a heavy door	<input type="radio"/> No difficulty	<input type="radio"/> Mild difficulty	<input type="radio"/> Moderate difficulty	<input type="radio"/> Severe difficulty	<input type="radio"/> Unable
6. Place an object on a shelf above your head	<input type="radio"/> No difficulty	<input type="radio"/> Mild difficulty	<input type="radio"/> Moderate difficulty	<input type="radio"/> Severe difficulty	<input type="radio"/> Unable
7. Do heavy household chores (eg wash walls, wash floors)	<input type="radio"/> No difficulty	<input type="radio"/> Mild difficulty	<input type="radio"/> Moderate difficulty	<input type="radio"/> Severe difficulty	<input type="radio"/> Unable
8. Garden or do yard work	<input type="radio"/> No difficulty	<input type="radio"/> Mild difficulty	<input type="radio"/> Moderate difficulty	<input type="radio"/> Severe difficulty	<input type="radio"/> Unable
9. Make a bed	<input type="radio"/> No difficulty	<input type="radio"/> Mild difficulty	<input type="radio"/> Moderate difficulty	<input type="radio"/> Severe difficulty	<input type="radio"/> Unable
10. Carry a shopping bag or briefcase	<input type="radio"/> No difficulty	<input type="radio"/> Mild difficulty	<input type="radio"/> Moderate difficulty	<input type="radio"/> Severe difficulty	<input type="radio"/> Unable
11. Carry a heavy object (over 10 lbs)	<input type="radio"/> No difficulty	<input type="radio"/> Mild difficulty	<input type="radio"/> Moderate difficulty	<input type="radio"/> Severe difficulty	<input type="radio"/> Unable
12. Change a lightbulb overhead	<input type="radio"/> No difficulty	<input type="radio"/> Mild difficulty	<input type="radio"/> Moderate difficulty	<input type="radio"/> Severe difficulty	<input type="radio"/> Unable
13. Wash or blow dry your hair	<input type="radio"/> No difficulty	<input type="radio"/> Mild difficulty	<input type="radio"/> Moderate difficulty	<input type="radio"/> Severe difficulty	<input type="radio"/> Unable
14. Wash your back	<input type="radio"/> No difficulty	<input type="radio"/> Mild difficulty	<input type="radio"/> Moderate difficulty	<input type="radio"/> Severe difficulty	<input type="radio"/> Unable
15. Put on a pullover sweater	<input type="radio"/> No difficulty	<input type="radio"/> Mild difficulty	<input type="radio"/> Moderate difficulty	<input type="radio"/> Severe difficulty	<input type="radio"/> Unable
16. Use a knife to cut food	<input type="radio"/> No difficulty	<input type="radio"/> Mild difficulty	<input type="radio"/> Moderate difficulty	<input type="radio"/> Severe difficulty	<input type="radio"/> Unable
17. Recreational activities which require little effort (eg cardplaying, knitting, etc)	<input type="radio"/> No difficulty	<input type="radio"/> Mild difficulty	<input type="radio"/> Moderate difficulty	<input type="radio"/> Severe difficulty	<input type="radio"/> Unable
18. Recreational activities in which you take some force or impact through your arm, shoulder or hand (eg golf, hammering, tennis, etc)	<input type="radio"/> No difficulty	<input type="radio"/> Mild difficulty	<input type="radio"/> Moderate difficulty	<input type="radio"/> Severe difficulty	<input type="radio"/> Unable
19. Recreational activities in which you move your arm freely (eg playing frisbee, badminton, etc)	<input type="radio"/> No difficulty	<input type="radio"/> Mild difficulty	<input type="radio"/> Moderate difficulty	<input type="radio"/> Severe difficulty	<input type="radio"/> Unable

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20. Manage transportation needs (getting from one place to another) ☐ No difficulty ☐ Mild difficulty ☐ Moderate difficulty ☐ Severe difficulty ☐ Unable
21. Sexual activities ☐ No difficulty ☐ Mild difficulty ☐ Moderate difficulty ☐ Severe difficulty ☐ Unable

- During the past week, to what extent has your arm, shoulder or hand problem interfered with your normal social activities with family, friends, neighbours or groups?
22. ☐ Not at all ☐ Slightly ☐ Moderately ☐ Quite a bit ☐ Extremely

- 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?
23. ☐ Not limited at all ☐ Slightly limited ☐ Moderately limited ☐ Very limited ☐ 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 and 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

- During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand?
29. ☐ No difficulty ☐ Mild difficulty ☐ Moderate difficulty ☐ Severe difficulty ☐ So much I can't sleep

- I feel less capable, less confident or less useful because of my arm, shoulder or hand problem
30. ☐ Strongly disagree ☐ Disagree ☐ Neither agree nor disagree ☐ Agree ☐ Strongly agree