Disabilities of the Arm, Shoulder & Hand Score (DASH)

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
   - No difficulty
   - Mild
   - Moderate
   - Severe
   - Unable

2. Write
   - No difficulty
   - Mild
   - Moderate
   - Severe
   - Unable

3. Turn a key
   - No difficulty
   - Mild
   - Moderate
   - Severe
   - Unable

4. Prepare a meal
   - No difficulty
   - Mild
   - Moderate
   - Severe
   - Unable

5. Push open a heavy door
   - No difficulty
   - Mild
   - Moderate
   - Severe
   - Unable

6. Place an object on a shelf above your head
   - No difficulty
   - Mild
   - Moderate
   - Severe
   - Unable

7. Do heavy household chores (e.g. wash walls, wash floors)
   - No difficulty
   - Mild
   - Moderate
   - Severe
   - Unable

8. Garden or do yard work
   - No difficulty
   - Mild
   - Moderate
   - Severe
   - Unable

9. Make a bed
   - No difficulty
   - Mild
   - Moderate
   - Severe
   - Unable

10. Carry a shopping bag or briefcase
    - No difficulty
    - Mild
    - Moderate
    - Severe
    - Unable

11. Carry a heavy object (over 10 lbs)
    - No difficulty
    - Mild
    - Moderate
    - Severe
    - Unable

12. Change a light bulb overhead
    - No difficulty
    - Mild
    - Moderate
    - Severe
    - Unable

13. Wash or blow dry your hair
    - No difficulty
    - Mild
    - Moderate
    - Severe
    - Unable

14. Wash your back
    - No difficulty
    - Mild
    - Moderate
    - Severe
    - Unable

15. Put on a pullover sweater
    - No difficulty
    - Mild
    - Moderate
    - Severe
    - Unable

16. Use a knife to cut food
    - No difficulty
    - Mild
    - Moderate
    - Severe
    - Unable

17. Recreational activities which require little effort (e.g. card playing, knitting, etc)
    - No difficulty
    - Mild
    - Moderate
    - Severe
    - Unable

18. Recreational activities in which you take some force or impact through your arm, shoulder or hand (e.g. golf, hammering, tennis, etc)
    - No difficulty
    - Mild
    - Moderate
    - Severe
    - Unable
Recreational activities in which you move your arm freely (e.g. playing frisbee, badminton, etc)

- No difficulty
- Mild
- Moderate
- Severe
- Unable

Manage transportation needs (getting from one place to another)

- No difficulty
- Mild
- Moderate
- Severe
- Unable

Sexual activities

- No difficulty
- Mild
- Moderate
- Severe
- Unable

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?

- 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?

- Not limited at all
- Slightly limited
- Moderately limited
- Very limited
- Unable

Arm, shoulder or hand pain

- None
- Mild
- Moderate
- Severe
- Extreme

Arm, shoulder or hand pain when you performed any specific activity

- None
- Mild
- Moderate
- Severe
- Extreme

Tingling (pins and needles) in your arm, shoulder or hand

- None
- Mild
- Moderate
- Severe
- Extreme

Weakness in your arm, shoulder or hand

- None
- Mild
- Moderate
- Severe
- Extreme

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?

- No difficulty
- Mild
- Moderate
- Severe
- So much I can't sleep

I feel less capable, less confident or less useful because of my arm, shoulder or hand problem

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

Thank you very much for completing all the questions in this questionnaire