

Name: _____

Date: _____

Disabilities of the Arm, Shoulder, and Hand Questionnaire

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 of 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.

<i>Activities</i>	<i>No Difficulty</i>	<i>Mild Difficulty</i>	<i>Moderate Difficulty</i>	<i>Severe Difficulty</i>	<i>Unable</i>
1. Open a tight or new jar.	0	1	2	3	4
2. Write.	0	1	2	3	4
3. Turn a key.	0	1	2	3	4
4. Prepare a meal.	0	1	2	3	4
5. Push open a heavy door.	0	1	2	3	4
6. Place an object on a shelf above your head.	0	1	2	3	4
7. Do heavy household chores (eg. wash walls/floors).	0	1	2	3	4
8. Garden or do yard work.	0	1	2	3	4
9. Make a bed.	0	1	2	3	4
10. Carry a shopping bag or briefcase.	0	1	2	3	4
11. Carry a heavy object (over 10 lbs.).	0	1	2	3	4
12. Change a lightbulb overhead.	0	1	2	3	4
13. Wash or blow dry your hair.	0	1	2	3	4
14. Wash your back.	0	1	2	3	4
15. Put on a pullover sweater.	0	1	2	3	4
16. Use a knife to cut food.	0	1	2	3	4
17. Recreational activities which require little effort (eg. knitting)	0	1	2	3	4
18. Recreational activities in which you take some force or impact through your arm, shoulder, or hand (eg. golf/tennis).	0	1	2	3	4
19. Recreational activities in which you move your arm freely	0	1	2	3	4
20. Manage transportation needs	0	1	2	3	4
21. Sexual activities	0	1	2	3	4

Score: _____

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	<i>Not At All</i>	<i>Slightly</i>	<i>Moderately</i>	<i>Quite A Bit</i>	<i>Extremely</i>
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?	0	1	2	3	4
	<i>Not Limited At All</i>	<i>Slightly Limited</i>	<i>Moderately Limited</i>	<i>Very Limited</i>	<i>Unable</i>
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?	0	1	2	3	4
Please rate the severity of the following symptoms in the last week.					
	<i>None</i>	<i>Mild</i>	<i>Moderate</i>	<i>Severe</i>	<i>Extreme</i>
24. Arm, shoulder, or hand pain	0	1	2	3	4
25. Arm, shoulder, or hand pain when you performed any specific activity	0	1	2	3	4
26. Tingling (pins and needles) in your arm, shoulder, or hand	0	1	2	3	4
27. Weakness in your arm, shoulder, or hand.	0	1	2	3	4
28. Stiffness in your arm, shoulder, or hand.	0	1	2	3	4
	<i>No Difficulty</i>	<i>Mild Difficulty</i>	<i>Moderate Difficulty</i>	<i>Severe Difficulty</i>	<i>So Much Difficulty That I Can't Sleep</i>
29. During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder, or hand?	0	1	2	3	4
	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neither Agree Nor Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>
30. I feel less capable, less confident, or less useful because of my arm, shoulder, or hand problem.	0	1	2	3	4

DASH Disability/symptom score = $\left(\frac{\text{sum of n responses}}{n} - 1 \right) * 25$

Score: _____