

NAME:

DATE:

### DISABILITIES of the ARM, SHOULDER and HAND (DASH)

In the boxes below, select the appropriate statements.

1. Open a tight or new jar.	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable
2. Write	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable
3. Turn a key	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable
4. Prepare a meal	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable
5. Push open a heavy door	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable
6. Place an object on a shelf above your head	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable
7. Do heavy household chores (e.g., wash walls, wash floors)	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable
8. Garden or do yard work	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable
9. Make a bed	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable
10. Carry a shopping bag or briefcase.	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable
11. Carry a heavy object (over 10 lbs).	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable
12. Change a lightbulb overhead	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable
13. Wash or blow dry your hair	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable
14. Wash your back	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable
15. Put on a pullover sweater	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable
16. Use a knife to cut food.	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable

17. Recreational activities which require little effort (e.g., card playing, knitting, etc).

- No difficulty
- Mild difficulty
- Moderate difficulty
- Severe difficulty
- 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 difficulty
- Moderate difficulty
- Severe difficulty
- Unable

19. Recreational activities in which you move your arm freely (e.g. playing frisbee, badminton, etc).

- No difficulty
- Mild difficulty
- Moderate difficulty
- Severe difficulty

- Unable
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
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?
- Not at all
  - Slightly
  - Moderately
  - Quite a bit
  - Extremely
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?
- Not limited at all
  - Slightly limited
  - Moderately limited
  - Very limited
  - Unable
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 (pin 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

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

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

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

- Strongly Disagree
- Disagree
- Neither Agree or Disagree
- Agree
- Strongly Agree