

DASH: Disabilities of Arm, Shoulder, Hand

NAME _____

DATE _____

PLEASE READ: Please rate your ability to do the following activities *in the last week* recording below the appropriate response.

Open a tight or new jar.

- 1 No Difficulty
- 2 Mild Difficulty
- 3 Moderate Difficulty
- 4 Severe Difficulty
- 5 Unable

Write.

- 1 No Difficulty
- 2 Mild Difficulty
- 3 Moderate Difficulty
- 4 Severe Difficulty
- 5 Unable

Turn a key.

- 1 No Difficulty
- 2 Mild Difficulty
- 3 Moderate Difficulty
- 4 Severe Difficulty
- 5 Unable

Prepare a meal.

- 1 No Difficulty
- 2 Mild Difficulty
- 3 Moderate Difficulty
- 4 Severe Difficulty
- 5 Unable

Push open a heavy door.

- 1 No Difficulty
- 2 Mild Difficulty
- 3 Moderate Difficulty
- 4 Severe Difficulty
- 5 Unable

Do heavy household chores (wash walls, wash floors).

- 1 No Difficulty
- 2 Mild Difficulty
- 3 Moderate Difficulty
- 4 Severe Difficulty
- 5 Unable

Place an object on a shelf above your head.

- 1 No Difficulty
- 2 Mild Difficulty
- 3 Moderate Difficulty
- 4 Severe Difficulty
- 5 Unable

Garden or do yard work.

- 1 No Difficulty
- 2 Mild Difficulty
- 3 Moderate Difficulty
- 4 Severe Difficulty
- 5 Unable

Make a bed.

- 1 No Difficulty
- 2 Mild Difficulty
- 3 Moderate Difficulty
- 4 Severe Difficulty
- 5 Unable

Carry a shopping bag or briefcase.

- 1 No Difficulty
- 2 Mild Difficulty
- 3 Moderate Difficulty
- 4 Severe Difficulty
- 5 Unable

Carry a heavy object (over 10 lbs).

- 1 No Difficulty
- 2 Mild Difficulty
- 3 Moderate Difficulty
- 4 Severe Difficulty
- 5 Unable

Change a light bulb overhead.

- 1 No Difficulty
- 2 Mild Difficulty
- 3 Moderate Difficulty
- 4 Severe Difficulty
- 5 Unable

Wash or blow dry your hair.

- 1 No Difficulty
- 2 Mild Difficulty
- 3 Moderate Difficulty
- 4 Severe Difficulty
- 5 Unable

Put on a pullover sweater.

- 1 No Difficulty
- 2 Mild Difficulty
- 3 Moderate Difficulty
- 4 Severe Difficulty
- 5 Unable

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

- 1 No Difficulty
- 2 Mild Difficulty
- 3 Moderate Difficulty
- 4 Severe Difficulty
- 5 Unable

Recreational activities in which you move your arm freely (golf, dance, tennis etc.).

- 1 No Difficulty
- 2 Mild Difficulty
- 3 Moderate Difficulty
- 4 Severe Difficulty
- 5 Unable

Sexual activities.

- 1 No Difficulty
- 2 Mild Difficulty
- 3 Moderate Difficulty
- 4 Severe Difficulty
- 5 Unable

In the past week, were you limited in your work or daily activities as a result of your arm problem?

- 1 Not Limited at All
- 2 Slightly Limited
- 3 Moderately Limited
- 4 Very Limited
- 5 Unable

Wash your back.

- 1 No Difficulty
- 2 Mild Difficulty
- 3 Moderate Difficulty
- 4 Severe Difficulty
- 5 Unable

Use a knife to cut food.

- 1 No Difficulty
- 2 Mild Difficulty
- 3 Moderate Difficulty
- 4 Severe Difficulty
- 5 Unable

Recreation activities with force through arm (golf, hammering, baseball, etc.).

- 1 No Difficulty
- 2 Mild Difficulty
- 3 Moderate Difficulty
- 4 Severe Difficulty
- 5 Unable

Manage transportation need (getting from A to B)

- 1 No Difficulty
- 2 Mild Difficulty
- 3 Moderate Difficulty
- 4 Severe Difficulty
- 5 Unable

In the past week, to what extent has your arm problem interfered w/normal social activities?

- 1 Not at all
- 2 Slightly
- 3 Moderately
- 4 Quite a Bit
- 5 Extremely

In the past week, how much difficulty have you had sleeping because of pain in your arm?

- 1 No Difficulty
- 2 Mild Difficulty
- 3 Moderate Difficulty
- 4 Severe Difficulty
- 5 Unable

Please rate the severity of the following symptoms in the last week.
Arm, shoulder or hand pain.

- 1 None
- 2 Mild
- 3 Moderate
- 4 Severe
- 5 Extreme

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

- 1 None
- 2 Mild
- 3 Moderate
- 4 Severe
- 5 Extreme

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

- 1 None
- 2 Mild
- 3 Moderate
- 4 Severe
- 5 Extreme

Weakness in your arm, shoulder or hand.

- 1 None
- 2 Mild
- 3 Moderate
- 4 Severe
- 5 Extreme

Stiffness in your arm, shoulder or hand.

- 1 None
- 2 Mild
- 3 Moderate
- 4 Severe
- 5 Extreme

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

- 1 Strongly Disagree
 - 2 Disagree
 - 3 Neither Agree nor Disagree
 - 4 Agree
 - 5 Strongly Agree
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