

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.

- Not Tested
- No Difficulty
- Mild Difficulty
- Moderate Difficulty
- Severe Difficulty
- Unable

Write.

- Not Tested
- No Difficulty
- Mild Difficulty
- Moderate Difficulty
- Severe Difficulty
- Unable

Turn a key.

- Not Tested
- No Difficulty
- Mild Difficulty
- Moderate Difficulty
- Severe Difficulty
- Unable

Prepare a meal.

- Not Tested
- No Difficulty
- Mild Difficulty
- Moderate Difficulty
- Severe Difficulty
- Unable

Push open a heavy door.

- Not Tested
- No Difficulty
- Mild Difficulty
- Moderate Difficulty

Severe Difficulty

Unable

Place an object on a shelf above your head.

Not Tested

No Difficulty

Mild Difficulty

Moderate Difficulty

Severe Difficulty

Unable

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

Not Tested

No Difficulty

Mild Difficulty

Moderate Difficulty

Severe Difficulty

Unable

Garden or do yard work.

Not Tested

No Difficulty

Mild Difficulty

Moderate Difficulty

Severe Difficulty

Unable

Make a bed.

Not Tested

No Difficulty

Mild Difficulty

Moderate Difficulty

Severe Difficulty

Unable

Carry a shopping bag or briefcase.

Not Tested

No Difficulty

Mild Difficulty

Moderate Difficulty

Severe Difficulty

Unable

Carry a heavy object (over 10 lbs).

Not Tested

No Difficulty
Mild Difficulty
Moderate Difficulty
Severe Difficulty
Unable

Change a light bulb overhead.

Not Tested
No Difficulty
Mild Difficulty
Moderate Difficulty
Severe Difficulty
Unable

Wash or blow dry your hair.

Not Tested
No Difficulty
Mild Difficulty
Moderate Difficulty
Severe Difficulty
Unable

Wash your back.

Not Tested
No Difficulty
Mild Difficulty
Moderate Difficulty
Severe Difficulty
Unable

Put on a pullover sweater.

Not Tested
No Difficulty
Mild Difficulty
Moderate Difficulty
Severe Difficulty
Unable

Use a knife to cut food.

Not Tested
No Difficulty
Mild Difficulty
Moderate Difficulty
Severe Difficulty
Unable

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

Not Tested
No Difficulty
Mild Difficulty
Moderate Difficulty
Severe Difficulty
Unable

Recreational activities in which you take home force or impact through your arm, shoulder or hand (e.g, golf, hammering, tennis, etc.).

Not Tested
No Difficulty
Mild Difficulty
Moderate Difficulty
Severe Difficulty
Unable

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

Not Tested
No Difficulty
Mild Difficulty
Moderate Difficulty
Severe Difficulty
Unable

Manage transportation needs (getting from one place to another).

Not Tested
No Difficulty
Mild Difficulty
Moderate Difficulty
Severe Difficulty
Unable

Sexual activities.

Not Tested
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, neighbors or groups?

Not Tested

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 Tested
Not Limited at All
Slightly Limited
Moderately Limited
Very Limited
Unable

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

Not Tested
None
Mild
Moderate
Severe
Extreme

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

Not Tested
None
Mild
Moderate
Severe
Extreme

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

Not Tested
None
Mild
Moderate
Severe
Extreme

Weakness in your arm, shoulder or hand.

Not Tested
None
Mild
Moderate

Severe

Extreme

Stiffness in your arm, shoulder or hand.

Not Tested

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?

Not Tested

No Difficulty

Mild Difficulty

Moderate Difficulty

Severe Difficulty

So Difficult Can't Sleep

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

Not Tested

Strongly Disagree

Disagree

Neither Agree nor Disagree

Agree

Strongly Agree