

Patient Full Name _____

Date _____

Instructions: Please rate your ability to do the following activities in the last week by circling the number below the appropriate response.

	Activities	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	UNABLE
1	Open a tight or new jar.	1	2	3	4	5
2	Write.	1	2	3	4	5
3	Turn a key.	1	2	3	4	5
4	Prepare a meal.	1	2	3	4	5
5	Push open a heavy door.	1	2	3	4	5
6	Place an object on a shelf above your head.	1	2	3	4	5
7	Do heavy household chores.	1	2	3	4	5
8	Garden or do yard work.	1	2	3	4	5
9	Make a bed.	1	2	3	4	5
10	Carry a shopping bag or briefcase.	1	2	3	4	5
11	Carry a heavy object (over 10 lbs).	1	2	3	4	5
12	Change a light bulb overhead.	1	2	3	4	5
13	Wash or blow dry your hair.	1	2	3	4	5
14	Wash your back.	1	2	3	4	5
15	Put on a pullover sweater.	1	2	3	4	5
16	Use a knife to cut food.	1	2	3	4	5
17	Recreational activities which require little effort.	1	2	3	4	5
18	Recreational activities in which you take some force or impact through your arm, shoulder or hand.	1	2	3	4	5
19	Recreational activities in which you move your arm freely.	1	2	3	4	5
20	Manage transportation needs (getting from one place to another).	1	2	3	4	5
21	Sexual activities.	1	2	3	4	5
		NOT AT ALL	SLIGHTLY	MODERATELY	QUITE A BIT	EXTREMELY
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?	1	2	3	4	5

		NOT AT ALL	SLIGHTLY	MODERATELY	VERY	UNABLE
23	During the past week, were you limited in your work or other daily activities as a result of your arm, shoulder or hand problem?	1	2	3	4	5
Please rate the severity of the following symptoms in the last week.						
		NONE	MILD	MOERATE	SEVERE	EXTREME
24	Arm, shoulder or hand pain.	1	2	3	4	5
25	Arm, shoulder or hand pain when you performed any specific activity.	1	2	3	4	5
26	Tingling (pins and needles) in your arm, shoulder or hand.	1	2	3	4	5
27	Weakness in your arm, shoulder or hand.	1	2	3	4	5
28	Stiffness in your arm, shoulder or hand.	1	2	3	4	5
		NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	SO MUCH I CAN'T SLEEP
29	During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand?	1	2	3	4	5
		STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
30	I feel less capable, less confident or less useful because of my arm, shoulder or hand problem.	1	2	3	4	5
Column totals:						

For doctor use only: DASH DISABILITY/SYMPATOM SCORE: _____
 ((sum of *n* responses/*n*)-1) x 25, where *n* is the number of completed responses.)
 A DASH score may not be calculated if there are greater than 2 missing items.