



Disabilities of the Arm, Shoulder & Hand Score (DASH)

DATE: _____

PATIENT: _____

INSTRUCTIONS: 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**. If you did not have the opportunity to perform an activity in the past week, please make your *best estimate* on 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.

Please rate your ability to do the following activities in the last week.

- | | | | | | | |
|----|---|-------------------------------------|----------------------------|--------------------------------|------------------------------|------------------------------|
| 1 | Open a tight or new jar | <input type="radio"/> No difficulty | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Unable |
| 2 | Write | <input type="radio"/> No difficulty | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Unable |
| 3 | Turn a key | <input type="radio"/> No difficulty | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Unable |
| 4 | Prepare a meal | <input type="radio"/> No difficulty | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Unable |
| 5 | Push open a heavy door | <input type="radio"/> No difficulty | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Unable |
| 6 | Place an object on a shelf above your head | <input type="radio"/> No difficulty | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Unable |
| 7 | Do heavy household chores (e.g. wash walls, wash floors) | <input type="radio"/> No difficulty | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Unable |
| 8 | Garden or do yard work | <input type="radio"/> No difficulty | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Unable |
| 9 | Make a bed | <input type="radio"/> No difficulty | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Unable |
| 10 | Carry a shopping bag or briefcase | <input type="radio"/> No difficulty | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Unable |
| 11 | Carry a heavy object (over 10 lbs) | <input type="radio"/> No difficulty | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Unable |
| 12 | Change a light bulb overhead | <input type="radio"/> No difficulty | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Unable |
| 13 | Wash or blow dry your hair | <input type="radio"/> No difficulty | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Unable |
| 14 | Wash your back | <input type="radio"/> No difficulty | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Unable |
| 15 | Put on a pullover sweater | <input type="radio"/> No difficulty | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Unable |
| 16 | Use a knife to cut food | <input type="radio"/> No difficulty | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Unable |
| 17 | Recreational activities which require little effort (e.g. card playing, knitting, etc) | <input type="radio"/> No difficulty | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Unable |
| 18 | Recreational activities in which you take some force or impact through your arm, shoulder or hand (e.g. golf, hammering, tennis, etc) | <input type="radio"/> No difficulty | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | <input type="radio"/> Unable |

- 19 Recreational activities in which you move your arm freely (e.g. playing frisbee, badminton, etc) No difficulty Mild Moderate Severe Unable
- 20 Manage transportation needs (getting from one place to another) No difficulty Mild Moderate Severe Unable
- 21 Sexual activities No difficulty Mild Moderate Severe 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 (pins 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 Moderate Severe So much 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 nor disagree Agree Strongly agree
-

Thank you very much for completing all the questions in this questionnaire

Reference for Score: Hudak PL, Amadio PC, Bombardier C. Development of an upper extremity outcome measure: the DASH (disabilities of the arm, shoulder and hand) [corrected]. The Upper Extremity Collaborative Group (UECG). Am J Ind Med. 1996 Jun;29(6):602-8. Erratum in: Am J Ind Med 1996 Sep;30(3):372. The Institute for Work & Health are the copyright owners of the DASH and QuickDASH
