

DASH

Name: _____

Date: _____

**1=no difficulty, 2=mild difficulty, 3=moderate difficulty,
4=severe difficulty, 5=unable**

Description/Identification of Survey Item	Scale				
	1	2	3	4	5
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 (e.g., wash walls, wash floors)	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 lightbulb 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 (e.g., cardplaying, knitting, etc.).	1	2	3	4	5
18. Recreational activities in which you take some force or impact through your arm, shoulder, or hand (e.g., golf, hammering, tennis, etc.).	1	2	3	4	5
19. Recreational activities in which you move your arm freely (e.g., playing Frisbee, badminton, etc.).	1	2	3	4	5
20. Manage transportation needs (getting from one place to another).	1	2	3	4	5

1=not at all, 2=slightly, 3=moderately, 4=quite a bit, 5=extremely

Description/Identification of Survey Item	Scale				
21. 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? (circle number)	1	2	3	4	5

1=not limited at all, 2= slightly limited, 3=moderately limited, 4=very limited, 5= unable

Description/Identification of Survey Item	Scale				
22. 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? (circle number)	1	2	3	4	5

1=none, 2=mild, 3=moderate, 4=severe, 5=extreme

Description/Identification of Survey Item	Scale				
23. Arm, shoulder or hand pain.	1	2	3	4	5
24. Arm, shoulder or hand pain when you performed any specific activity.	1	2	3	4	5
25. Tingling (pins and needles) in your arm, shoulder or hand.	1	2	3	4	5
26. Weakness in your arm shoulder or hand.	1	2	3	4	5
27. Stiffness in your arm, shoulder, or hand.	1	2	3	4	5

1=no difficulty, 2=mild difficulty, 3=moderate difficulty, 4=severe difficulty, 5= so much difficulty that I can't sleep.

Description/Identification of Survey Item	Scale				
28. During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand? (circle number)	1	2	3	4	5

1=strongly disagree, 2= disagree, 3=neither agree nor disagree, 4= agree, 5= strongly agree

Description/Identification of Survey Item	Scale				
29. I feel less capable, less confident or less useful because of my arm, shoulder or hand problem. (circle number)	1	2	3	4	5

Dash Disability/Symptom 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 3 missing items.