



The Disabilities of the Arm, Shoulder and Hand (DASH) Score

 Clinician's name (or ref)

 Patient's name (or ref)

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 you 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 difficulty | <input type="radio"/> Moderate difficulty | <input type="radio"/> Severe difficulty | <input type="radio"/> Unable |
| 2. Write | <input type="radio"/> No difficulty | <input type="radio"/> Mild difficulty | <input type="radio"/> Moderate difficulty | <input type="radio"/> Severe difficulty | <input type="radio"/> Unable |
| 3. Turn a key | <input type="radio"/> No difficulty | <input type="radio"/> Mild difficulty | <input type="radio"/> Moderate difficulty | <input type="radio"/> Severe difficulty | <input type="radio"/> Unable |
| 4. Prepare a meal | <input type="radio"/> No difficulty | <input type="radio"/> Mild difficulty | <input type="radio"/> Moderate difficulty | <input type="radio"/> Severe difficulty | <input type="radio"/> Unable |
| 5. Push open a heavy door | <input type="radio"/> No difficulty | <input type="radio"/> Mild difficulty | <input type="radio"/> Moderate difficulty | <input type="radio"/> Severe difficulty | <input type="radio"/> Unable |
| 6. Place an object on a shelf above your head | <input type="radio"/> No difficulty | <input type="radio"/> Mild difficulty | <input type="radio"/> Moderate difficulty | <input type="radio"/> Severe difficulty | <input type="radio"/> Unable |
| 7. Do heavy household chores (eg wash walls, wash floors) | <input type="radio"/> No difficulty | <input type="radio"/> Mild difficulty | <input type="radio"/> Moderate difficulty | <input type="radio"/> Severe difficulty | <input type="radio"/> Unable |
| 8. Garden or do yard work | <input type="radio"/> No difficulty | <input type="radio"/> Mild difficulty | <input type="radio"/> Moderate difficulty | <input type="radio"/> Severe difficulty | <input type="radio"/> Unable |
| 9. Make a bed | <input type="radio"/> No difficulty | <input type="radio"/> Mild difficulty | <input type="radio"/> Moderate difficulty | <input type="radio"/> Severe difficulty | <input type="radio"/> Unable |
| 10. Carry a shopping bag or briefcase | <input type="radio"/> No difficulty | <input type="radio"/> Mild difficulty | <input type="radio"/> Moderate difficulty | <input type="radio"/> Severe difficulty | <input type="radio"/> Unable |
| 11. Carry a heavy object (over 10 lbs) | <input type="radio"/> No difficulty | <input type="radio"/> Mild difficulty | <input type="radio"/> Moderate difficulty | <input type="radio"/> Severe difficulty | <input type="radio"/> Unable |
| 12. Change a lightbulb overhead | <input type="radio"/> No difficulty | <input type="radio"/> Mild difficulty | <input type="radio"/> Moderate difficulty | <input type="radio"/> Severe difficulty | <input type="radio"/> Unable |
| 13. Wash or blow dry your hair | <input type="radio"/> No difficulty | <input type="radio"/> Mild difficulty | <input type="radio"/> Moderate difficulty | <input type="radio"/> Severe difficulty | <input type="radio"/> Unable |
| 14. Wash your back | <input type="radio"/> No difficulty | <input type="radio"/> Mild difficulty | <input type="radio"/> Moderate difficulty | <input type="radio"/> Severe difficulty | <input type="radio"/> Unable |
| 15. Put on a pullover sweater | <input type="radio"/> No difficulty | <input type="radio"/> Mild difficulty | <input type="radio"/> Moderate difficulty | <input type="radio"/> Severe difficulty | <input type="radio"/> Unable |

16. Use a knife to cut food No difficulty Mild difficulty Moderate difficulty Severe difficulty Unable
- Recreational activities which require little effort (eg cardplaying, knitting, etc)
17. No difficulty Mild difficulty Moderate difficulty Severe difficulty Unable
- Recreational activities in which you take some force or impact through your arm, shoulder or hand (eg golf, hammering, tennis, etc)
18. No difficulty Mild difficulty Moderate difficulty Severe difficulty Unable
- Recreational activities in which you move your arm freely (eg playing frisbee, badminton, etc)
19. No difficulty Mild difficulty Moderate difficulty Severe difficulty Unable
- Manage transportation needs (getting from one place to another)
20. No difficulty Mild difficulty Moderate difficulty Severe difficulty Unable
21. Sexual activities 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, neighbours or groups?
22. 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?
23. Not limited at all Slightly limited Moderately limited Very limited Unable
- Please rate the severity of the following symptoms in the last week**
24. Arm, shoulder or hand pain None Mild Moderate Severe Extreme
25. Arm, shoulder or hand pain when you performed any specific None Mild Moderate Severe Extreme

activity

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 difficulty Moderate difficulty Severe difficulty 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.