

## DASH Score

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Dominant Hand: R L Both (Circle One)

Affected Arm: R L (Circle One)

	No Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	Unable
1. Open a tight or new jar.	<input type="checkbox"/> +1	<input type="checkbox"/> +2	<input type="checkbox"/> +3	<input type="checkbox"/> +4	<input type="checkbox"/> +5
2. Write	<input type="checkbox"/> +1	<input type="checkbox"/> +2	<input type="checkbox"/> +3	<input type="checkbox"/> +4	<input type="checkbox"/> +5
3. Turn a key	<input type="checkbox"/> +1	<input type="checkbox"/> +2	<input type="checkbox"/> +3	<input type="checkbox"/> +4	<input type="checkbox"/> +5
4. Prepare a meal	<input type="checkbox"/> +1	<input type="checkbox"/> +2	<input type="checkbox"/> +3	<input type="checkbox"/> +4	<input type="checkbox"/> +5
5. Push open a heavy door	<input type="checkbox"/> +1	<input type="checkbox"/> +2	<input type="checkbox"/> +3	<input type="checkbox"/> +4	<input type="checkbox"/> +5
6. Place an object on a shelf above your head	<input type="checkbox"/> +1	<input type="checkbox"/> +2	<input type="checkbox"/> +3	<input type="checkbox"/> +4	<input type="checkbox"/> +5
7. Do heavy household chores (e.g., wash walls, floors, etc.).	<input type="checkbox"/> +1	<input type="checkbox"/> +2	<input type="checkbox"/> +3	<input type="checkbox"/> +4	<input type="checkbox"/> +5
8. Garden or do yard work	<input type="checkbox"/> +1	<input type="checkbox"/> +2	<input type="checkbox"/> +3	<input type="checkbox"/> +4	<input type="checkbox"/> +5
9. Make a bed	<input type="checkbox"/> +1	<input type="checkbox"/> +2	<input type="checkbox"/> +3	<input type="checkbox"/> +4	<input type="checkbox"/> +5
10. Carry a shopping bag or briefcase.	<input type="checkbox"/> +1	<input type="checkbox"/> +2	<input type="checkbox"/> +3	<input type="checkbox"/> +4	<input type="checkbox"/> +5
11. Carry a heavy object (over 10 lbs)	<input type="checkbox"/> +1	<input type="checkbox"/> +2	<input type="checkbox"/> +3	<input type="checkbox"/> +4	<input type="checkbox"/> +5
12. Change a light bulb overhead	<input type="checkbox"/> +1	<input type="checkbox"/> +2	<input type="checkbox"/> +3	<input type="checkbox"/> +4	<input type="checkbox"/> +5
13. Wash or blow dry your hair	<input type="checkbox"/> +1	<input type="checkbox"/> +2	<input type="checkbox"/> +3	<input type="checkbox"/> +4	<input type="checkbox"/> +5
14. Wash your back.	<input type="checkbox"/> +1	<input type="checkbox"/> +2	<input type="checkbox"/> +3	<input type="checkbox"/> +4	<input type="checkbox"/> +5
15. Put on a pullover sweater	<input type="checkbox"/> +1	<input type="checkbox"/> +2	<input type="checkbox"/> +3	<input type="checkbox"/> +4	<input type="checkbox"/> +5
16. Use a knife to cut food.	<input type="checkbox"/> +1	<input type="checkbox"/> +2	<input type="checkbox"/> +3	<input type="checkbox"/> +4	<input type="checkbox"/> +5
17. Recreational activities which require little effort (e.g., cardplaying, knitting, etc.)	<input type="checkbox"/> +1	<input type="checkbox"/> +2	<input type="checkbox"/> +3	<input type="checkbox"/> +4	<input type="checkbox"/> +5
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="checkbox"/> +1	<input type="checkbox"/> +2	<input type="checkbox"/> +3	<input type="checkbox"/> +4	<input type="checkbox"/> +5
19. Recreational activities in which you move your arm freely (e.g., playing frisby, badminton, etc.)	<input type="checkbox"/> +1	<input type="checkbox"/> +2	<input type="checkbox"/> +3	<input type="checkbox"/> +4	<input type="checkbox"/> +5
20. Manage transportation needs (getting from one place to another)	<input type="checkbox"/> +1	<input type="checkbox"/> +2	<input type="checkbox"/> +3	<input type="checkbox"/> +4	<input type="checkbox"/> +5
21. Sexual Activities	<input type="checkbox"/> +1	<input type="checkbox"/> +2	<input type="checkbox"/> +3	<input type="checkbox"/> +4	<input type="checkbox"/> +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?	<input type="checkbox"/> +1	<input type="checkbox"/> +2	<input type="checkbox"/> +3	<input type="checkbox"/> +4	<input type="checkbox"/> +5

	Not Limited At All	Slightly Limited	Moderately Limited	Very Limited	Unable
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?	<input type="checkbox"/> +1	<input type="checkbox"/> +2	<input type="checkbox"/> +3	<input type="checkbox"/> +4	<input type="checkbox"/> +5

	None	Mild	Moderate	Severe	Extreme
24. In the last week, please rate the severity of arm, shoulder, or hand pain	<input type="checkbox"/> +1	<input type="checkbox"/> +2	<input type="checkbox"/> +3	<input type="checkbox"/> +4	<input type="checkbox"/> +5
25. In the last week, please rate the severity of arm, shoulder, or hand pain when you performed any specific activity	<input type="checkbox"/> +1	<input type="checkbox"/> +2	<input type="checkbox"/> +3	<input type="checkbox"/> +4	<input type="checkbox"/> +5
26. In the last week, please rate the severity of tingling (pins and needles) in your arm, shoulder, or hand	<input type="checkbox"/> +1	<input type="checkbox"/> +2	<input type="checkbox"/> +3	<input type="checkbox"/> +4	<input type="checkbox"/> +5
27. In the last week, please rate the severity of weakness in your arm, shoulder, or hand	<input type="checkbox"/> +1	<input type="checkbox"/> +2	<input type="checkbox"/> +3	<input type="checkbox"/> +4	<input type="checkbox"/> +5
28. In the last week, please rate the severity of stiffness in your arm, shoulder, or hand	<input type="checkbox"/> +1	<input type="checkbox"/> +2	<input type="checkbox"/> +3	<input type="checkbox"/> +4	<input type="checkbox"/> +5

	No Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	Cannot Sleep
29. During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder, or hand?	<input type="checkbox"/> +1	<input type="checkbox"/> +2	<input type="checkbox"/> +3	<input type="checkbox"/> +4	<input type="checkbox"/> +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	<input type="checkbox"/> +1	<input type="checkbox"/> +2	<input type="checkbox"/> +3	<input type="checkbox"/> +4	<input type="checkbox"/> +5