



## DASH

### The Disabilities of the Arm, Shoulder and Hand Score

Patients Name: \_\_\_\_\_

Date \_\_\_\_\_

Clinicians Name: \_\_\_\_\_

**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 most accurate. It does not 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 last week.**

1. Open a tight or new jar  No difficulty  Mild difficulty  Moderate difficulty  Severe difficulty  Unable

2. Do heavy household chores (e.g. wash walls, wash floors)  No difficulty  Mild difficulty  Moderate difficulty  Severe difficulty  Unable

3. Carry a shopping bag or brief case  No difficulty  Mild difficulty  Moderate difficulty  Severe difficulty  Unable

4. Wash your back  No difficulty  Mild difficulty  Moderate difficulty  Severe difficulty  Unable

5. Use a knife to cut food  No difficulty  Mild difficulty  Moderate difficulty  Severe difficulty  Unable

6. Recreational activities in which you take some force or impact through your arm, shoulder or hand (e.g. golf, hammering, tennis, etc.)  No difficulty  Mild difficulty  Moderate difficulty  Severe difficulty  Unable

7. 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?  No difficulty  Mild difficulty  Moderate difficulty  Severe difficulty  Unable

8. 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?  No difficulty  Mild difficulty  Moderate difficulty  Severe difficulty  Unable

**Please rate the severity of the following symptoms in the last week**

9. Arm, shoulder or hand pain  None  Mild  Moderate  Severe  Extreme

10. Tingling (pins and needles) in your arm, shoulder or hand  None  Mild  Moderate  Severe  Extreme

11. 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  Unable

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

The Quick DASH Score