



DISABILITIES OF THE ARM, SHOULDER, AND HAND

THE **DASH** HEALY PHYSICAL THERAPY & SPORTS MEDICINE, INC.

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Patient Name: _____ DOB: _____ Date: _____

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, by circling the appropriate number. 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.

	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	UNABLE
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 light-bulb 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., card playing, 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



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20. Manage your transportation needs (getting from one place to another). 1 2 3 4 5

21. Sexual activities. 1 2 3 4 5

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? (circle number)

	NOT AT ALL	SLIGHTLY	MODERATELY	QUITE A BIT	EXTREMELY
	1	2	3	4	5

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? (circle number)

	NOT LIMITED AT ALL	SLIGHTLY LIMITED	MODERATELY LIMITED	VERY LIMITED	UNABLE
	1	2	3	4	5

Please rate the severity of the following....

	NONE	MILD	MODERATE	SEVERE	EXTREME
24. Arm, shoulder or hand pain.	1	2	3	4	5
25. Arm, shoulder or hand pain. when you performed any specific activity.	1	2	3	4	5
26. Tingling (pins and needles) in your arm, shoulder, or hand.	1	2	3	4	5
27. Weakness in your arm, shoulder or hand.	1	2	3	4	5
28. Stiffness in your arm, shoulder or hand.	1	2	3	4	5

29. During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder, or hand? (circle number)

	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	SO MUCH DIFFICULTY THAT I CAN'T SLEEP
	1	2	3	4	5

30. I feel less capable, less confident or less useful because of my arm, shoulder or hand problem. (circle number)

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
	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.