

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

Please answer every question. If you did not have the opportunity to perform any 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.

Today, do you or would you have any difficulty at all with: Activities	No Difficulty (1)	Mild Difficulty (2)	Moderate Difficulty (3)	Severe Difficulty (4)	Unable (5)
1. Open a tight or new jar					
2. Write					
3. Turn a key					
4. Prepare a meal					
5. Push open a heavy door					
6. Place an object on a shelf above your head					
7. Do heavy household chores (i.e. wash walls, floors)					
8. Garden or do yard work					
9. Make a bed					
10. Carry a shopping bag or briefcase					
11. Carry a heavy object (over 10 lbs)					
12. Change a light bulb overhead					
13. Wash or blow dry your hair					
14. Wash your back					
15. Put on a pullover sweater					
16. Use a knife to cut food					
17. Recreational activities which require little effort (i.e. card playing, knitting)					
18. Recreational activities in which you take some force or impact through your arm, shoulder or hand (golf, hammering, tennis)					

	No Difficulty (1)	Mild Difficulty (2)	Moderate Difficulty (3)	Severe Difficulty (4)	Unable (5)
19. Recreational activities in which you move your arm freely (i.e. playing Frisbee, badminton, etc)					
20. Manage transportation needs (getting from one place to another)					
21. Sexual activities					

	Not At All (1)	Slightly (2)	Moderately (3)	Quite a bit (4)	Extremely (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.					

	Not limited at all (1)	Slightly Limited (2)	Moderately Limited (3)	Very Limited (4)	Unable (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					

Please rate the severity of the following symptoms in the past week	None (1)	Mild (2)	Moderate (3)	Severe (4)	Extreme (5)
24. Arm, shoulder or hand pain					
25. Arm, shoulder or hand pain when you performed any specific activity					
26. Tingling (pins and needles) in your arm, shoulder or hand					
27. Weakness in your arm, shoulder or hand					

	None (1)	Mild (2)	Moderate (3)	Severe (4)	Extreme (5)
28. Stiffness in your arm, shoulder or hand					
29. During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand?					
	Strongly Disagree (1)	Disagree (2)	Neither agree nor disagree (3)	Agree (4)	Strongly Agree (5)
30. I feel less capable, less confident or less useful because of my arm, shoulder or hand problem					

$$\left[\frac{\text{sum of responses}}{N} - 1 \right] \times 25 = \underline{\hspace{2cm}}$$

(N is equal to the number of completed responses)

- ADD UP ALL THE ANSWERS
- DIVIDE BY THE NUMBER OF QUESTIONS ANSWERED
- SUBTRACT 1
- MULTIPLY BY 25