

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 |

Scoring Guidelines:

Number of Completed Responses ('n'): _____ **Sum of 'n' Responses (max 150 points):** _____

DASH Score = $\left(\left[\frac{\text{sum of } n \text{ responses}}{n} \right] - 1 \right) \times 25$, where n is the number of completed responses

Note: A Dash score cannot be calculated if there are greater than 3 missing items.

DASH Score (100 points): _____