

SPINE & SPORT

THErapy • PERFORMANCE • WELLNESS

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

Clinician's name:

Patient's 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 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.

Please rate your ability to do the following activities in the last week.

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

18. or hand (eg golf, hammering, tennis, etc)					
19. Recreational activities in which you move your arm freely (eg playing frisbee, badminton, etc)	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable
20. Manage transportation needs (getting from one place to another)	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable
21. Sexual activities	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable
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 at all	Slightly	Moderately	Quite a bit	Extremely
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?	Not limited at all	Slightly limited	Moderately limited	Very limited	Unable
Please rate the severity of the following symptoms in the last week					
24. Arm, shoulder or hand pain	None	Mild	Moderate	Severe	Extreme
25. Arm, shoulder or hand pain when you performed any specific activity	None	Mild	Moderate	Severe	Extreme
26. Tingling (pins and needles) in your arm, shoulder or hand	None	Mild	Moderate	Severe	Extreme
27. Weakness in your arm, shoulder or hand	None	Mild	Moderate	Severe	Extreme
28. Stiffness in your arm, shoulder or hand	None	Mild	Moderate	Severe	Extreme
29. 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	So much I can't sleep
30. I feel less capable, less confident or less useful because of my arm, shoulder or hand problem	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

Thank you very much for completing all the questions in this questionnaire. Your clinician will score these results.

To save this data please print

The Disabilities of the Arm, Shoulder and Hand (DASH) Score is _____.
(A DASH score may not be calculated if there are greater than 3 missing items.)

Reference for Score: Hudak PL, Amadio PC, Bombardier C. Development of an upper extremity outcome measure: the DASH (disabilities of the arm, shoulder and hand) [corrected]. The Upper Extremity Collaborative Group (UECG) Am J Ind Med. 1996 Jun;29(6):602-8. Erratum in: Am J Ind Med 1996 Sep;30(3):372.
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