## Disabilities of the Arm, Shoulder and Hand

## 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.

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Please rate your ability to do the following activities in the last week by circling the number below the appropriate response.

|  |  | NO DIFFICULTY | MILD DIFFICULTY | MODERATE DIFFICULTY | SEVERE DIFFICULTY | UNABLE |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Open a tight or new jar. | 1 | 2 | 3 |  | 5 |
|  | Write. | 1 | 2 | 3 | 4 | 5 |
|  | Turn a key. | 1 | 2 | 3 | 4 | 5 |
|  | Prepare a meal. | 1 | 2 | 3 | 4 | 5 |
|  | Push open a heavy door. | 1 | $2$ | 3 | 4 | 5 |
|  | Place an object on a shelf above your head. | 1 | 2 | $(3)$ | 4 | 5 |
|  | Do heavy household chores (e.g., wash walls, wash flog | ors). 1 | 2 | 3 | 4 | 5 |
|  | Garden or do yard work. | 1 | 2 | (3) | 4 | 5 |
|  | Make a bed. | 1 | (2) | 3 | 4 | 5 |
|  | Carry a shopping bag or briefcase. | 1 | 2 | 3 | 4 | 5 |
|  | Carry a heavy object (over 10 lbs ). | 1 | 2 | ${ }^{3}$ | 4 | 5 |
|  | Change a lightbulb overhead. | 1 | 2 | 3) | 4 | 5 |
|  | Wash or blow dry your hair. | 1 | 2 | 3 | 4 | 5 |
|  | Wash your back. | 1 | 2 | 3 | 4 | 5 |
|  | Put on a pullover sweater. | 1 | 2 | 3 | 4 | 5 |
|  | Use a knife to cut food. | 1 | (2) | 3 | 4 | 5 |
|  | Recreational activities which require little effort (e.g., cardplaying, knitting, etc.). | 1 |  | 3 | 4 | 5 |
|  | 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 |
|  | Recreational activities in which you move your arm freely (e.g., playing frisbee, badminton, etc.). | 1 | 2 |  | 4 | 5 |
|  | Manage transportation needs (getting from one place to another). | 1 | 2 | 3 | 4 | 5 |
|  | Sexual activities. | 1 | 2 |  | 4 | 5 |

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DASH DISABILITY/SYMPTOM SCORE $=[($ sum of $n$ responses $)-1] \times 25$, where $n$ is equal to the number of completed responses. A DASH score may not be calculated if there are greater than 3 missing items.

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## WORK MODULE (OPTIONAL)

The following questions ask about the impact of your arm, shoulder or hand problem on your ability to work (including homemaking if that is your main work role).
Please indicate what your job/work is:
[ I do not work. (You may skip this section.)

Please circle the number that best describes your physical ability in the past week. Did you have any difficulty:


## SPORTS/PERFORMING ARTS MODULE (OPTIONAL)

The following questions relate to the impact of your arm, shoulder or hand problem on playing your musical instrument or sport or both. If you play more than one sport or instrument (or play both), please answer with respect to that activity which is most important to you.
Please indicate the sport or instrument which is most important to you: $\qquad$
Guitar
$\square$ I do not play a sport or an instrument. (You may skip this section.)

Please circle the number that best describes your physical ability in the past week. Did you have any difficulty:

|  |  | NO <br> DIFFICULTY | MILD <br> DIFFICULTY | MODERATE <br> DIFFICULTY | SEVERE <br> DIFFICULTY |
| :--- | :---: | :---: | :---: | :---: | :---: |
| 1.using your usual technique for playing your <br> instrument or sport? |  |  |  |  |  |
| 2.playing your musical instrument or sport because <br> of arm, shoulder or hand pain? | 1 | 2 |  |  |  |

SCORING THE OPTIONAL MODULES: Add up assigned values for each response;
divide by 4 (number of items); subtract 1; multiply by 25 .
An optional module score may not be calculated if there are any missing items.

