

Disabilities of the Arm Shoulder and Hand (DASH) Symptom Scale

Total Score:

% Impairment:

Visit Date:

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

	no difficulty	mild difficulty	moderate difficulty	severe difficulty	unable to perform	Score
Open a tight or new jar.	1	2	3	4	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 floors).	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	2	3	4	5	
Recreational activities in which you take some force or impact through your arm, shoulder or hand (eg golf, hammering, tennis, etc)	1	2	3	4	5	
Recreational activities in which you move your arm freely (eg playing frisbee, badminton, etc.).	1	2	3	4	5	
Manage transportation needs (getting from one place to another)	1	2	3	4	5	
Sexual activities	1	2	3	4	5	

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Adasiak, Charmaine # 6821

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	not at all	slightly	moderately	quite a bit	extremely	Score
During the past week, to what extent has your arm, shoulder or hand problem interfered with your normal social activities with family, friends, neighbours or groups?	1	2	3	4	5	<input type="text"/>

	not limited at all	slightly limited	moderately limited	very limited	unable to perform	Score
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?	1	2	3	4	5	<input type="text"/>

Please rate the severity of the following symptoms in the last week

	none	mild	moderate	severe	extreme	Score
Arm, shoulder or hand pain.	1	2	3	4	5	<input type="text"/>
Arm, shoulder or hand pain when you performed any specific activity.	1	2	3	4	5	<input type="text"/>
Tingling (pins and needles) in your arm, shoulder or hand.	1	2	3	4	5	<input type="text"/>
Weakness in your arm, shoulder or hand.	1	2	3	4	5	<input type="text"/>
Stiffness in your arm, shoulder or hand.	1	2	3	4	5	<input type="text"/>

	no difficulty	mild difficulty	moderate difficulty	severe difficulty	so much difficulty I can't sleep	Score
During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand?	1	2	3	4	5	<input type="text"/>

	strongly disagree	disagree	neither agree nor	agree	strongly agree	Score
I feel less capable, less confident or less useful because of my arm, shoulder or hand problem.	1	2	3	4	5	<input type="text"/>