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DISABILITIES OF THE ARM, SHOULDER AND HAND

Patient Name: _____ **Date Completed:** _____

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 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 light bulb 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. card playing, knitting, etc)	1	2	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	3	4	5
Manage transportation needs (getting from one place to another)	1	2	3	4	5
Sexual activities	1	2	3	4	5

	Not at all	Slightly	Moderately	Quite a bit	Extremely
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? (circle number)	1	2	3	4	5

Patient Name: _____ **Date Completed:** _____

Please rate the severity of the following symptoms in the last week. (circle number)

	Not limited at all	Slightly limited	Moderately limited	Very limited	Unable
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? (circle number)	1	2	3	4	5

Please rate the severity of the following symptoms in the last week. (circle number)

	None	Mild	Moderate	Severe	Extreme
Arm, shoulder or hand pain	1	2	3	4	5
Arm, shoulder or hand pain when you performed any specific activity	1	2	3	4	5
Tingling (pins and needles) in your arm, shoulder or hand.	1	2	3	4	5
Weakness in your arm, shoulder, or hand.	1	2	3	4	5
Stiffness in your arm, shoulder or hand.	1	2	3	4	5

	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	So much difficulty that I can't sleep
During the past week, how much difficulty have you had sleeping because of pain in your arm, shoulder or hand? (circle number)	1	2	3	4	5

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I feel less capable, less confident or less useful because of my arm, shoulder or hand problem. (circle number)	1	2	3	4	5

DASH disability/symptom score = $[(\text{sum of } n \text{ responses}) - 1] \times 25$, where n is equal to the number of completed responses.

n

A DASH score may not be calculated if there are greater than 3 missing items.

DASH Score: _____