

# DISABILITIES OF THE ARM, SHOULDER AND HAND

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

|  | NO<br>DIFFICULTY | MILD<br>DIFFICULTY | MODERATE<br>DIFFICULTY | SEVERE<br>DIFFICULTY | UNABLE |
|--|------------------|--------------------|------------------------|----------------------|--------|
| 1. Open a tight or new jar.  | 1                | 2                  | 3                      | 4                    | 5      |
| 2. Write.  | 1                | 2                  | 3                      | 4                    | 5      |
| 3. Turn a key.   | 1                | 2                  | 3                      | 4                    | 5      |
| 4. Prepare a meal.   | 1                | 2                  | 3                      | 4                    | 5      |
| 5. Push open a heavy door.   | 1                | 2                  | 3                      | 4                    | 5      |
| 6. Place an object on a shelf above your head.   | 1                | 2                  | 3                      | 4                    | 5      |
| 7. Do heavy household chores (e.g., wash walls, wash floors).  | 1                | 2                  | 3                      | 4                    | 5      |
| 8. Garden or do yard work.   | 1                | 2                  | 3                      | 4                    | 5      |
| 9. Make a bed.   | 1                | 2                  | 3                      | 4                    | 5      |
| 10. Carry a shopping bag or briefcase.   | 1                | 2                  | 3                      | 4                    | 5      |
| 11. Carry a heavy object (over 10 lbs).  | 1                | 2                  | 3                      | 4                    | 5      |
| 12. Change a lightbulb overhead.   | 1                | 2                  | 3                      | 4                    | 5      |
| 13. Wash or blow dry your hair.  | 1                | 2                  | 3                      | 4                    | 5      |
| 14. Wash your back.  | 1                | 2                  | 3                      | 4                    | 5      |
| 15. Put on a pullover sweater.   | 1                | 2                  | 3                      | 4                    | 5      |
| 16. Use a knife to cut food.   | 1                | 2                  | 3                      | 4                    | 5      |
| 17. Recreational activities which require little effort (e.g., cardplaying, knitting, etc.).   | 1                | 2                  | 3                      | 4                    | 5      |
| 18. 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      |
| 19. Recreational activities in which you move your arm freely (e.g., playing frisbee, badminton, etc.).                                      | 1                | 2                  | 3                      | 4                    | 5      |
| 20. Manage transportation needs (getting from one place to another).   | 1                | 2                  | 3                      | 4                    | 5      |
| 21. Sexual activities.   | 1                | 2                  | 3                      | 4                    | 5      |

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|   | 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, neighbours or groups? (circle number) | 1          | 2        | 3          | 4           | 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? (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 |
|--|------|------|----------|--------|---------|
| 24. Arm, shoulder or hand pain.  | 1    | 2    | 3        | 4      | 5       |
| 25. Arm, shoulder or hand pain when you performed any specific activity. | 1    | 2    | 3        | 4      | 5       |
| 26. Tingling (pins and needles) in your arm, shoulder or hand.           | 1    | 2    | 3        | 4      | 5       |
| 27. Weakness in your arm, shoulder or hand.                              | 1    | 2    | 3        | 4      | 5       |
| 28. 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 |
|--|---------------|-----------------|---------------------|-------------------|---------------------------------------|
| 29. During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand? (circle number) | 1             | 2               | 3                   | 4                 | 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. (circle number) | 1                 | 2        | 3                          | 4     | 5              |

DASH DISABILITY/SYMPTOM SCORE = \_\_\_\_\_ ( [(sum of n responses / n) - 1] x 25, where n is the number of completed responses.)

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