

PATIENT NAME: \_\_\_\_\_

MR #: \_\_\_\_\_

DATE: \_\_\_\_\_

**DISABILITIES OF THE ARM, SHOULDER AND HAND**

Please rate your ability to do the following activities in the last week	NO DIFFICULTY AT ALL	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	UNABLE	N/A
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 light bulb 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., card playing, 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., 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	N/A
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?	1	2	3	4	5	
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?	1	2	3	4	5	

Please rate the severity of the following symptoms in the last week	NONE	MILD	MODERATE	SEVERE	EXTREME	N/A
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	
29. 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	

Please rate the degree to which you agree or disagree with the following statement	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE OR DISAGREE	AGREE	STRONGLY AGREE	N/A
30. I feel less capable, less confident or less useful because of my arm, shoulder or hand problem.	1	2	3	4	5	

**DASH SCORE**

**IMPAIRMENT**

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

Therapist Name \_\_\_\_\_

Therapist Signature \_\_\_\_\_

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### WORK MODULE (OPTIONAL)

Please indicate what your job/work is: \_\_\_\_\_  
I do not work. (Skip this section)

Please circle the number that best describes your physical ability in the past week. Did you have any difficulty:		NO DIFFICULTY AT ALL	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	UNABLE	N/A
1.	using your usual technique for your work?	1	2	3	4	5	
2.	doing your usual work because of arm, shoulder or hand pain?	1	2	3	4	5	
3.	doing your work as well as you would like?	1	2	3	4	5	
4.	spending your usual amount of time doing your work?	1	2	3	4	5	

### SPORTS/PERFORMING ARTS MODULE (OPTIONAL)

Please indicate the sport or instrument which is most important to you: \_\_\_\_\_  
I do not play a sport or an instrument. (Skip this section)

Please circle the number that best describes your physical ability in the past week. Did you have any difficulty:		NO DIFFICULTY AT ALL	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	UNABLE	N/A
1.	using your usual technique for playing your instrument or sport?	1	2	3	4	5	
2.	playing your musical instrument or sport because of arm, shoulder or hand pain?	1	2	3	4	5	
3.	playing your musical instrument or sport as well as you would like?	1	2	3	4	5	
4.	spending your usual amount of time practicing or playing your instrument or sport?	1	2	3	4	5	

### SCORING THE OPTIONAL MODULES

An optional module score may not be calculated if there are any missing items.

WORK SCORE

WORK IMPAIRMENT

SPORTS SCORE

SPORTS IMPAIRMENT

Therapist Name \_\_\_\_\_

Therapist Signature \_\_\_\_\_

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