



Disabilities of the Arm, Shoulder & Hand (DASH)

Name _____ Date _____

For each of the following activities, within the last week, please select the most appropriate response. **Only** select one response. Do not leave answers blank. For those activities that you do not perform regularly, or haven't performed within the last week, please estimate your ability to perform that activity.

	No Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	Unable
1. Open a tight jar					
2. Write					
3. Turn a key					
4. Prepare a meal					
5. Push open a heavy door					
6. Place an object on a shelf above your head					
7. Do heavy household chores (wash walls, wash floors)					
8. Garden or do yard work					
9. Make a bed					
10. Carry a shopping bag or briefcase					
11. Carry a heavy object (over 10 lbs.)					
12. Change a light bulb overhead					
13. Wash or blow-dry your hair					
14. Wash your back					
15. Put a pullover sweater on					
16. Use a knife to cut food					
17. Recreational activities which require little effort (card playing, knitting, etc)					
18. Recreational activities in which you take some force or impact through your arm, shoulder or hand (golf, hammering, tennis)					
19. Recreational activities in which you move your arm freely (playing frisbee, badminton)					
20. Manage transportation needs					
21. Sexual activities					

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? (Check one)

Not at all	Slightly	Moderately	Quite a bit	Extremely



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? (check one)

Not Limited At All	Slightly Limited	Moderately Limited	Very Limited	Unable

Please rate the severity of the following symptoms in the last week. (Check one)

	None	Mild	Moderate	Severe	Extreme
24. Arm, shoulder or hand pain					
25. Arm, shoulder or hand pain when you performed any specific activity					
26. Tingling (pins & needles) in your arm, shoulder or hand.					
27. Weakness in your arm, shoulder or hand.					
28. Stiffness in your arm, shoulder or hand.					

29. During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand? (Check one)

No Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	So Much Difficulty I Can't Sleep

30. I feel less capable, less confident or less useful because of my arm, shoulder or hand problem. (Check one)

Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree

Reprinted from: Hudak PL, Amadio PC, Bombardier C. Development of an upper extremity outcome measure: the DASH (disabilities of the arm, shoulder and hand) [corrected]. The Upper Extremity Collaborative Group (UECG) Am J Ind Med. 1996 Jun;29(6):602-8. Erratum in: Am J Ind Med 1996 Sep;30(3):372.