



OFFICE USE ONLY

initial reassessment _____ discharge

DASH—Disabilities of the Arm, Shoulder and Hand

We are interested in whether or not you are having difficulty with the activities listed below **because of your upper limb problem** for which you are currently seeking attention. Please provide an answer (circle one number) for **each** activity. If you have not had the opportunity to perform an activity within the past week, use your best guess about how you would perform.

In the past week did you have any difficulty at all with:

activities	no difficulty	mild difficulty	moderate difficulty	severe difficulty	unable
1. Open a tight 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., 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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score: _____ % DASH = $(\sum n \text{ responses} / n) - 1) \times 25$



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activities	not at all	slightly	moderately	quite a bit	extremely
22. During the past week, <i>to what extent</i> has your arm, shoulder, or hand problem interfered with your normal social activities with family, friends, neighbors, or groups?	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?	1	2	3	4	5
Please rate the severity of the following symptoms in the last week.					
	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?	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.	1	2	3	4	5

A DASH score cannot be calculated if there are more than three missing items.

Minimum detectable change (MDC)=12.7 points (95% CI). Minimum clinically important difference (MCID)=15 points. (Beaton DE, et al.)

Based on work by:

Solway S, Beaton DE, McConnell S, Bombardier C. "The DASH Outcome Measure User's Manual, Second Ed." Toronto, Ontario: Institute for Work and Health, 2002.

Beaton DE, Davis AM, Hudak P, McConnell S. "The DASH (Disabilities of the Arm, Shoulder, and Hand) outcome measures: What do we know about it now?" *British Journal of Hand Therapy*. 2001;6(4):109-118.

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score: _____ % DASH = ((\sum n responses) / n) - 1) x 25