Georgetown University Hospital
MedStar Health

Primary Therapist: _____

DISABILITIES OF THE ARM, SHOULDER AND HAND (DASH)

Patient's Name: _____ Date: ____/ _____/ _____

Score = (Score/30)-1 x 25

Total Score = _____ Final Score = _____/ 100

Please complete the following questions by circling the appropriate response. Your responses will assist your therapist to better monitor and plan your care. A higher or lower score is not better. You may be asked to complete this form at various stages during your Physical Therapy care, and at discharge. Your score cannot be counted if more than 3 items are missing.

Please rate your ability to do the following activities in the last week.										
1.	Open a tight or new jar	☐	**No difficulty**	☐	**Mild difficulty**	☐	**Moderate difficulty**	☐	**Severe difficulty**	☐ **Unable**
2.	Write	☐	**No difficulty**	☐	**Mild difficulty**	☐	**Moderate difficulty**	☐	**Severe difficulty**	☐ **Unable**
3.	Turn a key	☐	**No difficulty**	☐	**Mild difficulty**	☐	**Moderate difficulty**	☐	**Severe difficulty**	☐ **Unable**
4.	Prepare a meal	☐	**No difficulty**	☐	**Mild difficulty**	☐	**Moderate difficulty**	☐	**Severe difficulty**	☐ **Unable**
5.	Push open a heavy door	☐	**No difficulty**	☐	**Mild difficulty**	☐	**Moderate difficulty**	☐	**Severe difficulty**	☐ **Unable**
6.	Place an object on a shelf above your head	☐	**No difficulty**	☐	**Mild difficulty**	☐	**Moderate difficulty**	☐	**Severe difficulty**	☐ **Unable**
7.	Do heavy household chores (eg wash walls, wash floors)	☐	**No difficulty**	☐	**Mild difficulty**	☐	**Moderate difficulty**	☐	**Severe difficulty**	☐ **Unable**
8.	Garden or do yard work	☐	**No difficulty**	☐	**Mild difficulty**	☐	**Moderate difficulty**	☐	**Severe difficulty**	☐ **Unable**

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9.	Make a bed	☐	**No difficulty**	☐	**Mild difficulty**	☐	**Moderate difficulty**	☐	**Severe difficulty**	☐	**Unable**
10.	Carry a shopping bag or briefcase	☐	**No difficulty**	☐	**Mild difficulty**	☐	**Moderate difficulty**	☐	**Severe difficulty**	☐	**Unable**
11.	Carry a heavy object (over 10 lbs)	☐	**No difficulty**	☐	**Mild difficulty**	☐	**Moderate difficulty**	☐	**Severe difficulty**	☐	**Unable**
12.	Change a lightbulb overhead	☐	**No difficulty**	☐	**Mild difficulty**	☐	**Moderate difficulty**	☐	**Severe difficulty**	☐	**Unable**
13.	Wash or blow dry your hair	☐	**No difficulty**	☐	**Mild difficulty**	☐	**Moderate difficulty**	☐	**Severe difficulty**	☐	**Unable**
14.	Wash your back	☐	**No difficulty**	☐	**Mild difficulty**	☐	**Moderate difficulty**	☐	**Severe difficulty**	☐	**Unable**
15.	Put on a pullover sweater	☐	**No difficulty**	☐	**Mild difficulty**	☐	**Moderate difficulty**	☐	**Severe difficulty**	☐	**Unable**
16.	Use a knife to cut food	☐	**No difficulty**	☐	**Mild difficulty**	☐	**Moderate difficulty**	☐	**Severe difficulty**	☐	**Unable**
17.	Recreational activities which require little effort (eg cardplaying, knitting, etc)	☐	**No difficulty**	☐	**Mild difficulty**	☐	**Moderate difficulty**	☐	**Severe difficulty**	☐	**Unable**
18.	Recreational activities in which you take some force or impact through your arm, shoulder or hand (eg golf, hammering, tennis, etc)	☐	**No difficulty**	☐	**Mild difficulty**	☐	**Moderate difficulty**	☐	**Severe difficulty**	☐	**Unable**

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19.	Recreational activities in which you move your arm freely (eg playing frisbee, badminton, etc)	☐	**No difficulty**	☐	**Mild difficulty**	☐	**Moderate difficulty**	☐	**Severe difficulty**	☐	**Unable**
20.	Manage transportation needs (getting from one place to another)	☐	**No difficulty**	☐	**Mild difficulty**	☐	**Moderate difficulty**	☐	**Severe difficulty**	☐	**Unable**
21.	Sexual activities	☐	**No difficulty**	☐	**Mild difficulty**	☐	**Moderate difficulty**	☐	**Severe difficulty**	☐	**Unable**
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?	☐	**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?	☐	**Not limited at all**	☐	**Slightly limited**	☐	**Moderately limited**	☐	**Very limited**	☐	**Unable**
Please rate the severity of the following symptoms in the last week											
24.	Arm, shoulder or hand pain	☐	**None**	☐	**Mild**	☐	**Moderate**	☐	**Severe**	☐	**Extreme**

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25.	Arm, shoulder or hand pain when you performed any specific activity	☐	**None**	☐	**Mild**	☐	**Moderate**	☐	**Severe**	☐	**Extreme**
26.	Tingling (pins and needles) in your arm, shoulder or hand	☐	**None**	☐	**Mild**	☐	**Moderate**	☐	**Severe**	☐	**Extreme**
27.	Weakness in your arm, shoulder or hand	☐	**None**	☐	**Mild**	☐	**Moderate**	☐	**Severe**	☐	**Extreme**
28.	Stiffness in your arm, shoulder or hand	☐	**None**	☐	**Mild**	☐	**Moderate**	☐	**Severe**	☐	**Extreme**
29.	During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand?	☐	**No difficulty**	☐	**Mild difficulty**	☐	**Moderate difficulty**	☐	**Severe difficulty**	☐	**So much I can't sleep**
30.	I feel less capable, less confident or less useful because of my arm, shoulder or hand problem	☐	**Strongly disagree**	☐	**Disagree**	☐	**Neither agree nor disagree**	☐	**Agree**	☐	**Strongly agree**

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