

DISABILITIES OF ARM, SHOULDER, AND HAND

Please rate your ability to do the following activities in the last week by clicking the drop-down menu and selecting the appropriate response.

| NO DIFFICULTY | MILD DIFFICULTY | MODERATE DIFFICULTY | SEVERE DIFFICULTY | UNABLE |
|------------------|--------------------|------------------------|----------------------|--------|
|------------------|--------------------|------------------------|----------------------|--------|

1. Open a tight or new 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 (e.g., 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 lightbulb overhead.

13. Wash or blow dry your hair.

14. Wash your back.

15. Put on a pullover sweater.

16. Use a knife to cut food.

17. Recreational activities which require little effort
(e.g., cardplaying, knitting, etc.).

18. Recreational activities in which you take some force
or impact through your arm, shoulder or hand
(e.g., golf, hammering, tennis, etc.).

19. Recreational activities in which you move your
arm freely (e.g., playing frisbee, badminton, etc.).

20. Manage transportation needs
(getting from one place to another).

21. Sexual activities.

CONTINUE TO BACK

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| | 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, neighbours or groups? | | | | | |

| | 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? | | | | | |

Please rate the severity of the following symptoms in the last week.

| | 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 and needles) in your arm, shoulder or hand. | | | | | |
| 27. Weakness in your arm, shoulder or hand. | | | | | |
| 28. Stiffness in your arm, shoulder or hand. | | | | | |

| | 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? | | | | | |

| | 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. | | | | | |

DASH DISABILITY/SYMPTOM SCORE = / 120 = %

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

Signature _____

Date _____