

Phone: (530) 541-7133  
 Fax: (530) 541-7132



2877 Lake Tahoe Blvd, Suite D  
 South Lake Tahoe, CA 96150

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please rate your ability to do the following activities in the last week by circling the number below the appropriate response.

Activities	No Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	Unable
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 or 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)	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)	1	2	3	4	5
19. Recreational activities in which you move your arm freely (e.g. playing Frisbee, badminton)	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
<b>TOTAL (page 1):</b>					

## DISABILITIES OF THE ARM, SHOULDER AND HAND

Question	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

Question	Not at all	Slightly	Moderately	Quite a Bit	Extremely
23. During the past week, were you limited in your work or other regular 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.**

Symptom	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

Question	No Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	So Much Difficulty 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

Question	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
<b>TOTAL (page 2):</b>					

<b>DASH Score:</b>					
--------------------	--	--	--	--	--

A DASH Score may NOT be calculated if there are more than 3 missing items.

DASH Disability/Symptom Score = [(sum of n responses/n) - 1] x 25, where n is equal to the number of completed responses.