



Survey of Upper Extremity Disability (DASH)

Date: _____ Visit: _____ Date of Birth: _____ Dx Code: _____

Name: _____ Therapist: _____

The Disability of the arm, shoulder and hand (DASH) is a questionnaire to ask you about your symptoms as well as your ability to perform certain activities. Please answer every question, based on your condition in the last week, by circling the appropriate number. If you did not have the opportunity to perform an activity in the past week, please make your best estimate on which response would be most accurate. It does not matter which hand you use to perform the activity; please answer based on your ability regardless of how you perform the task. Please rate your ability to do the following activities by circling the number:

	No Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	Unable
Open a tight jar	1	2	3	4	5
Do heavy household chores (e.g., wash walls, floors)	1	2	3	4	5
Carry a shopping bag or briefcase	1	2	3	4	5
Wash your back	1	2	3	4	5
Use a knife to cut food	1	2	3	4	5
Recreational activities which you take some force or impact through your arm, shoulder, or hand (golf, hammering, tennis, etc)	1	2	3	4	5
	Not at All	Slightly	Moderately	Quite a Bit	Extremely
During the past week, to what extent has your arm, shoulder, or hand problem interfered with your normal social activities 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
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
Arm, shoulder, or hand pain	1	2	3	4	5
Tingling (pins & needles) in your arm, shoulder, or hand.	1	2	3	4	5
	No Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	So Much I can't Sleep
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
<i>For office use only</i> Percent Disability Score () Sum all columns for raw score ()					

If this is your first visit ignore the below question.

Overall, since you started your treatment, has there been any change in your symptoms in your arm, shoulder, or hand during your daily activities. Please indicate if there has been any change by choosing one of the following options.

Worse	Same (0)	Better
___ Almost the same, hardly any worse at all (-1)		___ Almost the same, hardly any better at all (1)
___ A little worse (-2)		___ A little better (2)
___ Somewhat worse (-3)		___ Somewhat better (3)
___ Moderately worse (-4)		___ Moderately better (4)
___ A good deal worse (-5)		___ A good deal better (5)
___ A great deal worse (-6)		___ A great deal better (6)
___ A very great deal worse (-7)		___ A very great deal better (7)