

# Disabilities of the Arm, Shoulder, and Hand (DASH) Inventory



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## PLEASE READ:

This questionnaire has been designed to give the physical therapist information about how your arm, shoulder, or hand problem has affected your ability to manage in everyday life. Please answer every section (including the back of this page), and circle **ONLY THE ONE NUMBER** that best applies to you. Please complete all sections. **ALL INFORMATION PROVIDED IS CONFIDENTIAL.**

	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/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 that require little effort (e.g., knitting, card playing, etc.)	1	2	3	4	5
18. Recreational activities in which you take some force 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

	<b>Not at all</b>	<b>Slightly</b>	<b>Moderately</b>	<b>Quite a bit</b>	<b>Extremely</b>
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?	1	2	3	4	5
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 (circle number).**

	<b>None</b>	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>	<b>Extreme</b>
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

	<b>No difficulty</b>	<b>Mild difficulty</b>	<b>Moderate difficulty</b>	<b>Severe difficulty</b>	<b>I can't sleep</b>
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

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Neither agree nor disagree</b>	<b>Agree</b>	<b>Strongly agree</b>
30. I feel less capable, less confident, or less useful because of my arm, shoulder, or hand problem.	1	2	3	4	5

DASH Disability/Symptom Score = \_\_\_\_\_  $\left( \left[ \frac{\text{sum of } n \text{ responses}}{n} - 1 \right] \times 25 \right)$ , where n is the number of completed responses.) A DASH score may not be calculated if there are greater than 3 missing items.