

Patient Name: _____ Date: _____

PART A: DISABILITIES OF THE ARM, SHOULDER, AND HAND

Please make your *best estimate* on your ability to do the following activities.

INSTRUCTIONS: This questionnaire asks about your symptoms as well as your ability to perform certain activities. Please answer every question, based on your condition in the last week. 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 the most accurate. It doesn't matter which hand or arm you use to perform the activity; please answer based on your ability regardless of how you perform the task.

1 = No difficulty 2 = Mild difficulty 3 = Moderate difficulty 4 = Severe difficulty 5 = Unable

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|--|---|---|---|---|---|
| 1. <u>Open a tight or new jar</u> | 1 | 2 | 3 | 4 | 5 |
| 2. <u>Write</u> | 1 | 2 | 3 | 4 | 5 |
| 3. <u>Turn a key</u> | 1 | 2 | 3 | 4 | 5 |
| 4. <u>Prepare a meal</u> | 1 | 2 | 3 | 4 | 5 |
| 5. <u>Push open a heavy door</u> | 1 | 2 | 3 | 4 | 5 |
| 6. <u>Place an object on a shelf above your head</u> | 1 | 2 | 3 | 4 | 5 |
| 7. <u>Do heavy household chores (wash walls, wash floors etc.)</u> | 1 | 2 | 3 | 4 | 5 |
| 8. <u>Garden or do yard work</u> | 1 | 2 | 3 | 4 | 5 |
| 9. <u>Make a bed</u> | 1 | 2 | 3 | 4 | 5 |
| 10. <u>Carry a shopping bag or briefcase</u> | 1 | 2 | 3 | 4 | 5 |
| 11. <u>Carry a heavy object (over 10 lbs.)</u> | 1 | 2 | 3 | 4 | 5 |
| 12. <u>Change a lightbulb overhead</u> | 1 | 2 | 3 | 4 | 5 |
| 13. <u>Wash or blow dry your hair</u> | 1 | 2 | 3 | 4 | 5 |
| 14. <u>Wash your back</u> | 1 | 2 | 3 | 4 | 5 |
| 15. <u>Put on a pullover sweater</u> | 1 | 2 | 3 | 4 | 5 |
| 16. <u>Use a knife to cut food</u> | 1 | 2 | 3 | 4 | 5 |
| 17. <u>Recreational activities which require little effort (card playing, knitting, etc.)</u> | 1 | 2 | 3 | 4 | 5 |
| 18. <u>Recreational activities in which you take force /impact to arm, shoulder or hand (golf, hammering etc.)</u> | 1 | 2 | 3 | 4 | 5 |
| 19. <u>Recreational activities in which you move your arm freely (frisbee, badminton, etc.)</u> | 1 | 2 | 3 | 4 | 5 |
| 20. <u>Manage transportation needs</u> | 1 | 2 | 3 | 4 | 5 |
| 21. <u>Intimate activities</u> | 1 | 2 | 3 | 4 | 5 |

22. To what extent has your arm/shoulder/hand problem interfered with your normal social activities with family, friends, neighbors etc.?
 Not at all (1) Slightly (2) Moderately (3) Quite a bit (4) Unable (5)

23. 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 (1) Slightly limited (2) Moderately limited (3) Very limited (4) Unable (5)

1 = None 2 = Mild 3 = Moderate 4 = Severe 5 = Extreme

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|---|---|---|---|---|---|
| 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 |
29. During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand?
 No difficulty (1) Mild difficulty (2) Moderate difficulty (3) Severe difficulty (4) So much I can't sleep (5)
30. I feel less capable, less confident or less useful because of my arm, shoulder or hand problem.
 Strongly disagree (1) Disagree (2) Neither agree nor disagree (3) Agree (4) Strongly agree (5)

Therapists ONLY: $[(\text{sum of n responses} = \quad) - 1 / N] \times 25$
 N = number of completed responses
 A DASH score cannot be calculated if there are more than 3 missing items.

PART B: Visual Analogue Scale

Make a slash (/) along the line from the extremes, which you think represents your current pain in your major area of injury.



PART C: Body Diagram

Please indicate where your pain is located and what type of pain you feel at the *present* time. Fill in the area on the body diagram with the appropriate symbols below to describe your pain. Do not indicate areas of pain which are not related to your present injury or condition

- Key:**
 Stabbing: ///
 Burning: XXX
 Pins and Needles: 000
 Numbness: ===
 Other: (●●●) _____

