## HONORHEALTH® DISABILITIES OF THE ARM, SHOULDER AND HAND

Please rate your ability to do the following activities in the last week by filling in the circle next to the appropriate response.

| | NO DIFFICULTY | MILD DIFFICULTY | MODERATE DIFFICULTY | SEVERE DIFFICULTY | UNABLE |
|---|---|---|---|---|---|
| 1. Open a tight or new jar. | ○ 1 | ○ 2 | ○ 3 | ○ 4 | ○ 5 |
| 2. Do heavy household chores (e.g., wash walls, wash floors). | ○ 1 | ○ 2 | ○ 3 | ○ 4 | ○ 5 |
| 3. Carry a shopping bag or briefcase. | ○ 1 | ○ 2 | ○ 3 | ○ 4 | ○ 5 |
| 4. Wash your back. | ○ 1 | ○ 2 | ○ 3 | ○ 4 | ○ 5 |
| 5. Use a knife to cut food. | ○ 1 | ○ 2 | ○ 3 | ○ 4 | ○ 5 |
| 6. Recreational activities in which you take some force or impact through your arm, shoulder or hand (e.g., golf, hammering, tennis, etc.). | ○ 1 | ○ 2 | ○ 3 | ○ 4 | ○ 5 |

| | NOT AT ALL | SLIGHTLY | MODERATELY | QUITE A BIT | EXTREMELY |
|---|---|---|---|---|---|
| 7. 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? (Fill in appropriate circle) | ○ 1 | ○ 2 | ○ 3 | ○ 4 | ○ 5 |

| | NOT LIMITED AT ALL | SLIGHTLY LIMITED | MODERATELY LIMITED | VERY LIMITED | UNABLE |
|---|---|---|---|---|---|
| 8. 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? (Fill in appropriate circle) | ○ 1 | ○ 2 | ○ 3 | ○ 4 | ○ 5 |

Please rate the severity of the following symptoms in the last week. (Fill in appropriate circle)

| | NONE | MILD | MODERATE | SEVERE | EXTREME |
|---|---|---|---|---|---|
| 9. Arm, shoulder or hand pain. | ○ 1 | ○ 2 | ○ 3 | ○ 4 | ○ 5 |
| 10. Tingling (pins and needles) in your arm, shoulder or hand. | ○ 1 | ○ 2 | ○ 3 | ○ 4 | ○ 5 |

| | NO DIFFICULTY | MILD DIFFICULTY | MODERATE DIFFICULTY | SEVERE DIFFICULTY | SO MUCH DIFFICULTY THAT I CAN'T SLEEP |
|---|---|---|---|---|---|
| 11. During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand? (Fill in appropriate circle) | ○ 1 | ○ 2 | ○ 3 | ○ 4 | ○ 5 |

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**Employee ID**

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**ICD-9 Code**

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## FOR THERAPIST USE ONLY

**DASH DISABILITY/SYMPTOM SCORE** =

$$\left[ \left[ \frac{\text{Sum of n responses}}{n} \right] - 1 \right] \times 25$$

where n is equal to the number of completed responses.

**A DASH score may _not_ be calculated if there are greater than 3 missing items.**