

# DISABILITIES OF ARM, SHOULDER, AND HANDS

KAISER CHIROPRACTIC, S.C.

Name: \_\_\_\_\_ File#: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please rate your ability to do the following activities during the past week  
by circling the number below 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	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, wash 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, etc.)	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, 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
	COLUMN TOTAL					

Name: \_\_\_\_\_ File#: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

		NOT AT ALL	SLIGHTLY	MODERATELY	QUITE A BIT	EXTREMELY
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
		NOT LIMITED AT ALL	SLIGHTLY LIMITED	MODERATELY LIMITED	VERY LIMITED	UNABLE
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.

		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
		NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	UNABLE
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
		STRONGLY DISAGREE	DISAGREE	NEITHER AGREE OR 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
COLUMN TOTAL						

For Office Use Only: A DASH score may not be calculated if there are more than 3 incomplete responses. (n = # of completed responses.)

Worksheet Total: \_\_\_\_\_ DASH SCORE [(total /30) - 1] x 25 = \_\_\_\_\_%