

# TILLMAN

## PHYSICAL THERAPY

### & SPORTS TRAINING CENTER

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## DISABILITIES OF THE ARM, SHOULDER AND HAND

**Patient Name:** \_\_\_\_\_ **Date Completed:** \_\_\_\_\_

*Please rate your ability to do the following activities in the last week by circling the number below the appropriate response.*

	No Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	Unable
Open a tight jar	1	2	3	4	5
Write	1	2	3	4	5
Turn a key	1	2	3	4	5
Prepare a meal	1	2	3	4	5
Push open a heavy door	1	2	3	4	5
Place an object on a shelf above your head	1	2	3	4	5
Do heavy household chores (e.g. wash walls, wash floors)	1	2	3	4	5
Garden or do yard work	1	2	3	4	5
Make a bed	1	2	3	4	5
Carry a shopping bag or briefcase	1	2	3	4	5
Carry a heavy object (over 10 lbs)	1	2	3	4	5
Change a light bulb overhead	1	2	3	4	5
Wash or blow dry your hair	1	2	3	4	5
Wash your back	1	2	3	4	5
Put on a pullover sweater	1	2	3	4	5
Use a knife to cut food	1	2	3	4	5
Recreational activities which require little effort (e.g. card playing, knitting, etc)	1	2	3	4	5
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
Recreational activities in which you move your arm freely (e.g. playing frisbee, badminton, etc)	1	2	3	4	5
Manage transportation needs (getting from one place to another)	1	2	3	4	5
Sexual activities	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 family, friends, neighbors, or groups? (circle number)	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? (circle number)	1	2	3	4	5

**Patient Name:** \_\_\_\_\_ **Date Completed:** \_\_\_\_\_

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

	None	Mild	Moderate	Severe	Extreme
Arm, shoulder or hand pain	1	2	3	4	5
Arm, shoulder or hand pain when you performed any specific activity	1	2	3	4	5
Tingling (pins and needles) in your arm, shoulder or hand.	1	2	3	4	5
Weakness in your arm, shoulder, or hand.	1	2	3	4	5
Stiffness 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
During the past week, how much difficulty have you had sleeping because of pain in your arm, shoulder or hand? (circle number)	1	2	3	4	5

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I feel less capable, less confident or less useful because of my arm, shoulder or hand problem. (circle number)	1	2	3	4	5

DASH disability/symptom score =  $\frac{(\text{sum of } n \text{ responses}) - 1}{n} \times 25$ , 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.

DASH Score: \_\_\_\_\_