

Disabilities of the Arm, Shoulder and Hand

Patients Name: _____ DATE: _____

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

		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?	1	2	3	4	5

		Not at all	Slightly	Moderately	very	unable
8	During the past week, were you <u>limited</u> in your work or other regular daily activities as a result of your arm, shoulder or hand problem? (circle one)	1	2	3	4	5

Please rate the severity of the following symptoms in the last week (Circle Number)

		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

		None	Mild	Moderate	Severe	So Much can not sleep
11	During the past week, how much <u>difficulty</u> have you had sleeping because of the pain in your arm, shoulder or hand? (circle number)	1	2	3	4	5

Office Use

Dash Disability/Symptom Score = _____(Sum of n responses / n) -1)x 25, where n is equal to the number of completed responses
 A quickDASH score may not be calculated if there is greater than 1 missing item

F11: Chiropractic Upper Extremity Functional Rating

WORK MODULE (OPTIONAL)

The following questions ask about the impact of your arm, shoulder or hand problem on your ability to work (including homemaking if that is your main work role).

Please indicate what your job/work is: _____

____ I do not work. (You may skip this section).

Please circle the number that best describes your physical ability in the past week.

Did you have any difficulty:		No Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	Unable
1	using your usual technique for your work?	1	2	3	4	5
2	doing your usual work because of arm, shoulder or hand pain?	1	2	3	4	5
3	doing your work as well as you would like?	1	2	3	4	5
4	spending your usual amount of time doing your work?	1	2	3	4	5

SPORTS/PERFORMANCE ARTS MODULE (OPTIONAL)

The following questions relate to the impact of your arm, shoulder or hand problem on playing your musical instrument or sport or both. If you play more than one sport or instrument (or play both), please answer with respect to the activity which is most important to you.

Please indicate the sport or instrument which is most important to you: _____

____ I do not play a sport or an instrument. (You may skip this section).

Please circle the number that best describes your physical ability in the past week.

Did you have any difficulty:		No Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	Unable
1	using your usual technique for playing your instrument or sport.	1	2	3	4	5
2	playing your musical instrument or sport because of arm, shoulder or hand pain?	1	2	3	4	5
3	playing your musical instrument or sport as well as you would like?	1	2	3	4	5
4	spending your usual amount of time practicing or playing your instrument or sport?	1	2	3	4	5

SCORING THE OPTIONAL MODULES: Add up assigned values for each response, divide by 4 (number of items); subtract 1, multiply by 25.

An optional module score may not be calculated if there are any missing itmes.