Upper Extremity Functional Scale

Instructions: This questionnaire asks about your symptoms as well as your ability to perform certain activities. Please answer <u>every question</u>, based on your condition within the last week by marking the appropriate answer. If you did not have the opportunity to perform an activity in the past week, please make your <u>best</u> <u>guess</u> as to which response would be 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. We are interested in knowing whether you are having any difficulty at all with the activities listed below <u>because of your upper limb</u> problem for which you are currently seeking attention. Please circle an answer for <u>each</u> activity. <u>Today, do you</u>

or would you have any difficulty at all with:

Activities	Extreme Difficulty or	Quite a Bit of Difficulty		A Little Bit of Difficulty	No
Any of your usual work, household, or	0	1	2	3	4
school activities					
Your usual hobbies, recreational or sporting activities	0	1	2	3	4
, -	0	1	2	3	4
Lifting a bag of groceries to waist level	0	1		-	
Lifting a bag of groceries above your head	0	1	2	3	4
Grooming your hair	0	1	2	3	4
Pushing up on your hands (e.g., from bathtub or chair)	0	1	2	3	4
Preparing food (e.g., peeling, cutting)	0	1	2	3	4
Driving	0	1	2	3	4
Vacuuming, sweeping, or raking	0	1	2	3	4
Dressing	0	1	2	3	4
Doing up buttons	0	1	2	3	4
Using tools or appliances	0	1	2	3	4
Opening doors	0	1	2	3	4
Cleaning	0	1	2	3	4
Tying or lacing shoes	0	1	2	3	4
Sleeping	0	1	2	3	4
Laundering clothes (e.g., washing, ironing, folding)	0	1	2	3	4
Opening a jar	0	1	2	3	4
Throwing a ball	0	1	2	3	4
Carrying a small suitcase with your affected limb	0	1	2	3	4

Stratford P, Binkley J	M, Stratford POW. Development and initial validation of the upper	r extremity functional index. Physiotherapy Canada Fall 2001;25	i9-266, 281.
Patient name:	Signature:	Date:	
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