



UPPER EXTREMITY FUNCTIONAL SCALE

We are interested in knowing whether you are having any difficulty at all with the activities listed below **because of your upper limb problem** for which you are currently seeking attention. Please provide an answer for **each** activity.

Name: _____ Date: _____

Today, do you or would you have any difficulty at all with:

Activities	Extreme Difficulty or Unable to Perform Activity	Quite a Bit of Difficulty	Moderate Difficulty	A Little Bit of Difficulty	No Difficulty
1. Any of your usual work, housework, or school activities.	0	1	2	3	4
2. Your usual hobbies, recreational or sporting activities.	0	1	2	3	4
3. Lifting a bag of groceries to waist level.	0	1	2	3	4
4. Lifting a bag of groceries over your head.	0	1	2	3	4
5. Grooming your hair.	0	1	2	3	4
6. Pushing up on your hands (eg/ From bathtub or chair).	0	1	2	3	4
7. Preparing food (eg/ peeling, cutting).	0	1	2	3	4
8. Driving.	0	1	2	3	4
9. Vacuuming, sweeping or raking.	0	1	2	3	4
10. Dressing.	0	1	2	3	4
11. Doing up buttons.	0	1	2	3	4
12. Using tools or appliances.	0	1	2	3	4
13. Opening doors.	0	1	2	3	4
14. Cleaning.	0	1	2	3	4
15. Tying or lacing shoes.	0	1	2	3	4
16. Sleeping.	0	1	2	3	4
17. Laundering clothes (e.g., washing, ironing, folding).	0	1	2	3	4
18. Opening a jar.	0	1	2	3	4
19. Throwing a ball.	0	1	2	3	4
20. Carrying a small suitcase using your affected limb.	0	1	2	3	4
Column Totals:					

Score: _____/80

Minimum Level of Detectable Change (90% Confidence): 9 points