

GREATER HEALTH AND REHABILITATION

Patient Name: _____ Date: _____

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.

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 above your head	0	1	2	3	4
5 Grooming your hair	0	1	2	3	4
6 Pushing up on your hands (e.g. from bathtub or chair)	0	1	2	3	4
7 Preparing food (e.g. 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 with your affected limb	0	1	2	3	4
COLUMN TOTALS:					

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

SCORE: ____/ 80

Source: Stratford et al (2001): Development and initial validation of the upper extremity functional index. Physiotherapy Canada 53 (4): 259-67.
Minimum detectable change (90% confidence): 6 points.

Patient's Signature: _____ Date: _____