

Name _____

Date _____

Upper Extremity Functional Index (UEFI)

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 any of the following listed activities? Please indicate by checking the appropriate box.

Activities	Extreme difficulty or unable	Quite a bit of difficulty	Moderate difficulty	A little bit of difficulty	No difficulty
Any of your usual work, housework, or school activities					
Your usual hobbies, recreational or sporting activities					
Lifting a bag of groceries to waist level					
Lifting a bag of groceries above your head					
Grooming your hair					
Pushing up on your hands (e.g., from bathtub or chair)					
Preparing food (e.g., peeling, cutting)					
Driving					
Vacuuming, sweeping or raking					
Dressing					
Doing up buttons					
Using tools or appliances					
Opening doors					
cleaning					
Tying or lacing shoes					
sleeping					
Laundering clothes (e.g., washing, ironing, folding)					
Opening a jar					
Throwing a ball					
Carrying a small suitcase with your affected limb					
Column Totals					

0 1 2 3 4

Comments: _____

Patient Signature: _____ UEFI Score: _____ % Max Fx: _____
[UEFI score/80 *100]