

UPPER EXTREMITY FUNCTIONAL INDEX

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:

(Circle one number on **Each** line)

Activities	Extreme Difficulty or Unable to Perform Activity	Quite a bit of Difficulty	Moderate Difficulty	A Little Bit of Difficulty	No Difficulty
Any of your usual work, house work or school activities.	0	1	2	3	4
Your usual hobbies, recreational or sporting activities.	0	1	2	3	4
Lifting a bag of groceries to waist level.	0	1	2	3	4
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 (eg from bathtub or chair).	0	1	2	3	4
Preparing food (eg 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 (eg 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 you affected limb.	0	1	2	3	4
COLUMN TOTALS					

Developers: Binkley/Stratford 1996

PATIENT NAME: _____

DATE: _____

TOTAL SCORE: /80

No Pain					PAIN SCALE														Worst Pain
0	1		2		3		4		5		6		7		8		9		10