

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 difficulty at all with: (circle one number on each line)

	Extremely Difficult or Unable to Perform	Quite a bit of Difficulty	Moderate Difficulty	A Little Bit of Difficulty	No Difficulty
Any of your usual work, household, 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 your affected limb.	0	1	2	3	4

Column Total					
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To be completed by your physical therapist/provider

Score: _____ out of 80 (No Disability 80, SEM 5, MDC 9)

Patient Name _____

Date _____