

SPINE & SPORT PHYSICAL THERAPY

Upper Extremity Functional Scale

Instructions: Please answer **every question**, based on your condition within the last week by circling the appropriate answer. If you did not have the opportunity to perform an activity in the past week, please make your **best guess** as to which response would be most accurate regardless of which arm you use to perform the task. 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 circle a number for **each** activity. **Today, do you or would you have any difficulty at all with:**

Activities	Extreme Difficulty 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 (e.g., from bathtub or chair)	0	1	2	3	4
Preparing food (e.g., 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
Laundrying clothes (e.g., 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

Stratford P, Binkley JM, Stratford POW. Development and initial validation of the upper extremity functional index. Physiotherapy Canada Fall 2001;259-266, 281.

Patient name: _____ Signature: _____ Date: _____

Score _____/80

MDC (minimum detectable change) = 9 pts

Error +/- 5 scale points