

# 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 check (✓) 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 |
|---|--|---------------------------|---------------------|----------------------------|---------------|
| Any of your usual work, household, 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)      |  |                           |                     |                            |               |

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