## **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  $(\sqrt{\ })$  an answer for **each** activity.

Today, do you or would you have any difficulty at all with:

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	Extreme Difficulty Or Unable to Perform	Quite a Bit of	Moderate	A Little Bit of	No	
Activities	Activity	Difficulty	Difficulty	Difficulty	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-						

Tillowing a ba						
Carrying a sm affected limb)	all suitcase with your					
Stratford P, Binkley 266, 281.	JM, Stratford POW. Development a	nd initial validation of the	e upper extremity f	unctional index. Ph	ysiotherapy Canada	a Fall 2001;259-
Patient name: _		Signature:			Date:	
Score	/80	MDC (minimum	MDC (minimum detectable change) = 9 pts		Error +/- 5 scale points	