



THE 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 any difficulty at all with:

Activity	No Difficulty	A Little Bit of Difficulty	Moderate Difficulty	Quite a Bit of Difficulty	Extreme Difficulty or Unable to Perform
1 Any of your usual work, housework, or school activities.	4	3	2	1	0
2 Your usual hobbies, re creational or sporting activities.	4	3	2	1	0
3 Lifting a bag of groceries to waist level	4	3	2	1	0
4 Lifting a bag of groceries above your head	4	3	2	1	0
5 Grooming your hair	4	3	2	1	0
6 Pushing up on your hands (eg. from bathtub or chair)	4	3	2	1	0
7 Preparing food (eg. Peeling, cutting)	4	3	2	1	0
8 Driving	4	3	2	1	0
9 Vacuuming, sweeping or raking	4	3	2	1	0
10 Dressing	4	3	2	1	0
11 Doing up buttons	4	3	2	1	0
12 Using tools or appliances	4	3	2	1	0
13 Opening doors	4	3	2	1	0
14 Cleaning	4	3	2	1	0
15 Typing or lacing shoes	4	3	2	1	0
16 Sleeping	4	3	2	1	0
17 Laundering clothes(eg. washing, ironing, folding)	4	3	2	1	0
18 Opening a jar	4	3	2	1	0
19 Throwing a ball	4	3	2	1	0
20 Carrying a small suitcase with your affected limb	4	3	2	1	0
Column Totals:					

Minimum level of detectable change (90% confidence): 9 points

Score: /80

Patient's Name (Print please)

Date

