

The Upper Extremity Functional Index (UEFI)

Patients name _____

Date _____

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:

(Circle one number on each line)

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

Column Totals:

Minimum Level of Detectable Change (90% Confidence): 9 points

SCORE: _____ / 80