# Upper Extremity Functional Index

**Patient Name_____ Date:_____**

We are interested in knowing whether you are having 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 with…**

| | Activities | Extreme Difficulty or Unable To Perform Activity | Quite a Bit of Difficulty | Moderate Difficulty | A little Bit of Difficulty | No Difficulty |
|---|---|---|---|---|---|---|
| **a)** | Any of your usual work, housework, or school activities | 0 | 1 | 2 | 3 | 4 |
| **b)** | Your usual Hobbies, recreational or sporting activities | 0 | 1 | 2 | 3 | 4 |
| **c)** | Lifting a bag of groceries to waist level | 0 | 1 | 2 | 3 | 4 |
| **d)** | Placing an object onto or removing it from an overhead shelf | 0 | 1 | 2 | 3 | 4 |
| **e)** | Washing your hair or scalp | 0 | 1 | 2 | 3 | 4 |
| **f)** | Pushing up on your hands (e.g., from bathtub or chair | 0 | 1 | 2 | 3 | 4 |
| **g)** | Preparing food (e.g., peeling, cutting) | 0 | 1 | 2 | 3 | 4 |
| **h)** | Driving | 0 | 1 | 2 | 3 | 4 |
| **i)** | vacuuming, sweeping, or raking | 0 | 1 | 2 | 3 | 4 |
| **j)** | Dressing | 0 | 1 | 2 | 3 | 4 |
| **k)** | Doing up buttons | 0 | 1 | 2 | 3 | 4 |
| **l)** | Using tools or appliances | 0 | 1 | 2 | 3 | 4 |
| **m)** | Opening doors | 0 | 1 | 2 | 3 | 4 |
| **n)** | Cleaning | 0 | 1 | 2 | 3 | 4 |
| **o)** | Tying or lacing shoes | 0 | 1 | 2 | 3 | 4 |
| **p)** | Sleeping | 0 | 1 | 2 | 3 | 4 |
| **q)** | Laundering clothes (e.g., washing, ironing, folding) | 0 | 1 | 2 | 3 | 4 |
| **r)** | Opening a jar | 0 | 1 | 2 | 3 | 4 |
| **s)** | Throwing a ball | 0 | 1 | 2 | 3 | 4 |
| **t)** | Carrying a small suitcase with your affected limb | 0 | 1 | 2 | 3 | 4 |
| | **Therapist Use only: Colum Totals** | | | | | |

Score: _____/_____=_____

Score: _____/_____=_____