

Upper Extremity Functional Index (UEFI)

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 one 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 Activity
1	Any of your usual work, housework, or school activities	4	3	2	1	0
2	Your usual hobbies, recreational 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 (such as from a bathtub or chair)	4	3	2	1	0
7	Preparing food (such as peeling, cutting, etc)	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	Tying or lacing shoes	4	3	2	1	0
16	Sleeping	4	3	2	1	0
17	Laundering clothes (washing, ironing, folding, etc)	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