

UPPER EXTREMITY FUNCTIONAL INDEX (UEFI)

NAME _____

DATE _____ / _____ / _____

Please indicate how much difficulty you have had over the past few days with the following activities as a result of your upper extremity issue. Please make a selection for every activity by circling the appropriate number. If you have not engaged in the activity recently, make your best estimate as if you had.

Today, do you or would you have any difficulty at all with:		Extreme Difficulty or Unable to Perform Activity (0)	Quite a Bit of Difficulty (1)	Moderate Difficulty (2)	A Little Bit of Difficulty (3)	No Difficulty (4)
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 (e.g., from bathtub or chair)	0	1	2	3	4
7.	Preparing food (e.g., 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 (e.g., 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