

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

## UPPER EXTREMITY FUNCTIONAL INDEX(UEFI)

Please circle the answers below that best apply for the upper limb that you are currently seeking attention

**Please rate your pain level with activity:** NO PAIN= 0 1 2 3 4 5 6 7 8 9 10 = SEVERE PAIN

		Extreme Difficulty or Unable to Perform Activity (Does not do the Activity)	Quite a bit of Difficulty	Moderate Difficulty	A Little Bit of Difficulty	No Difficulty
1. Any of your usual work, housework of 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 suitcase with your affected limb	0	1	2	3	4	