



Date: _____
MM / DD / YYYY

Name: _____

UPPER EXTREMITY FUNCTIONAL INDEX

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 to **each activity**.

Today, **do you** or **would you** have difficulty 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
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 waist level	0	1	2	3	4
d. Lifting a bag of groceries above your head	0	1	2	3	4
e. Grooming your hair	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
Column Totals					

SCORE: _____ /80