Patient Name:	Date:
Upper Extremity Evaluation	
Describe your average difficulty performing the following 4 = No Difficulty 3 = A little difficulty 2 = No Difficulty	activities using the scale below: Moderate Difficulty 1 = Quite a bit of difficulty
Activity Any of your usual work, housework, or school activities Your usual hobbies, recreational or sporting activities Lifting a bag of groceries to waist level Placing an object onto or removing it from an overhead s Washing you hair or scalp Pushing up on your hands (from chair or bathtub) Preparing food (peeling, cutting, etc) Driving Vacuumin, sweeping or raking Dressing Doing up buttons Using tools or appliances Opening doors Cleaning Tying or lacing shoes Sleeping Laundering clothes (washing, ironing, folding, etc) Opening a ball Carrying a small suitcase with your affected limb	improvement Pain rating (0-10 scale) Highest pain rating is what % of day Original Score/Date
FOR OFFICE USE	

To score: Total/80*100 MCID = 15 points