

Name: _____

DOB: _____

Upper Extremity Functional Scale

Activities Use the following Scale to rate the (Please circle)	Extreme difficulty or unable to perform activity	Quite a bit of difficulty	Moderate difficulty	A little bit of difficulty	No difficulty
Any of your usual work, housework, or school activities.	0	1	2	3	4
Your usual hobbies, recreational, or sporting activities.	0	1	2	3	4
Lifting a bag of groceries to waist level.	0	1	2	3	4
Lifting a bag of groceries over your head.	0	1	2	3	4
Grooming your hair.	0	1	2	3	4
Pushing up on your hands (eg. from bathtub or chair.	0	1	2	3	4
Preparing Food (eg. peeling and cutting)	0	1	2	3	4
Vacuuming, sweeping, raking	0	1	2	3	4
Dressing.	0	1	2	3	4
Doing up buttons.	0	1	2	3	4
Using tools and appliances.	0	1	2	3	4
Opening doors.	0	1	2	3	4
Cleaning	0	1	2	3	4
Tying or lacing shoes.	0	1	2	3	4
Sleeping	0	1	2	3	4
Laundering Clothes (eg. washing, ironing, folding)	0	1	2	3	4
Opening a jar.	0	1	2	3	4
Throwing a ball.	0	1	2	3	4
Carrying a small suitcase with your affected limb.	0	1	2	3	4
Column Total					