Upper Extremity Functional Scale

Patient Name: _____ Date:_____

	Activities	Extremely Difficult or Unable to Perform Activity	Quite a bit of Difficulty	Moderate Difficulty	Little Difficulty	No Difficulty
1	Any of your usual work, or school activities	0	1	2	3	4
2	Your usual hobbies, sporting activities, etc.	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 over 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, etc.)	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 shoe laces	0	1	2	3	4
16	Sleeping	0	1	2	3	4
17	Laundering Clothes (washing, ironing or folding clothes)	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
	Rolling over in bed	0	1	2	3	4
Column total						

Total score: ___/80