THE UPPER EXTREMITY FUNCTIONAL INDEX (UEFI)

We are interested in knowing whether you are having any difficulty at all with the activities listed below <u>because of your upper limb</u> problem for which you are currently seeking attention. Please provide an answer for **each** activity.

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Touay,	uv	you	UI	would	you	nave any	unneu	uy e	ai an	WILLII.

		(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		
1	Any of your usual work, housework, or school activities	0	1	2	3	4		
2	Your usual hobbies, re creational 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 small suitcase with your affected limb	0	1	2	3	4		
	Column Totals:							
Mir	imum Level of Detectable Change (90% Confidence): 9	noints		SCORE:	/80			

(Circle one number on each line)

Minimum Level of Detectable Change (90% Confidence): 9 points

SCORE: ____/80

Source: Stratford PW, Binkley, JM, Stratford DM (2001): Development and initial validation of the upper extremity functional index. Physiotherapy Canada. 53(4):259-267.