

# Upper Extremity Functional Scale

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE READ:** 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 check an answer for each activity.

Today, do you or would you have any difficulty at all with:

Activities	Extreme Difficulty/ Unable to Perform (0)	Quite a Bit of Difficulty (1)	Moderate Difficulty (2)	A Little Bit of Difficulty (3)	No Difficulty (4)
Your usual work, household, or school activities					
Your usual hobbies, recreations or sports					
Lifting a bag of groceries to waist level					
Lifting a bag of groceries above your head					
Grooming your hair					
Pushing up on your hands (ex: from bath or chair)					
Preparing food (e.g., peeling, cutting)					
Driving					
Vacuuming, sweeping, or raking					
Dressing					
Doing up buttons					
Using tools or appliances					
Opening doors					
Cleaning					
Tying or lacing shoes					
Sleeping					
Laundrying clothes (e.g., washing, ironing, folding)					
Opening a jar					
Throwing a ball					
Carrying a small suitcase with your affected limb					

Patient Signature: \_\_\_\_\_