

Upper Extremity Functional Scale

Name:		Date:			
To learn more about your upper limb issues, we want to know whether you are having difficulties performing the tasks listed below. Please provide an answer for each activity based on how your upper limb feels today.					
Activities	Extremely Difficult	Quite a bit difficult	Moderate Difficulty	A little difficult	No difficulty
Any of your usual work, household 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 above your head	0	1	2	3	4
Grooming your hair	0	1	2	3	4
Pushing up on your hands (i.e. from bathtub or a chair)	0	1	2	3	4
Preparing food (i.e. peeling, cutting)	0	1	2	3	4
Driving	0	1	2	3	4
Vacuuming, sweeping, or raking	0	1	2	3	4
Dressing	0	1	2	3	4
Doing up buttons	0	1	2	3	4
Using tools or 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 (i.e. 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
Total score:					
Additional notes:					