



experience effective physical therapy

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

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

**Upper Extremity Functional Index (UEFI)**

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 provide an answer for **each** activity.

Activities: <b>Today, do you or would you have any difficulty at all with:</b>	Extreme difficulty or unable	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, recreational 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					

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

Score: \_\_\_\_\_/80

Source: Stratford et al (2001): Development and initial validation of the upper extremity functional index. Physiotherapy Canada 53 (4): 259-67. Minimum detectable change (90% confidence): 6 points.