

# Upper Extremity Functional Index

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

We are interested in knowing whether you are having 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. <i>Today, do you or would you have any difficulty at all with: Place an X in appropriate box.</i>	Extremely Difficult 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					
2. Your usual hobbies, recreation or sporting activities					
3. Lifting a bag of groceries to waist level					
4. Lifting a bag of groceries above your head					
5. Grooming your hair					
6. Pushing up on your hands (i.e. from bathtub or chair)					
7. Preparing food (i.e. peeling, cutting)					
8. Driving					
9. Vacuuming, sweeping or raking					
10. Dressing					
11. Doing up buttons					
12. Using tools or appliances					
13. Opening doors					
14. Cleaning					
15. Tying or lacing shoes					
16. Sleeping					
17. Laundering clothes (i.e. washing, ironing, folding)					
18. Opening a jar					
19. Throwing a ball					
20. Carrying a small suitcase with your affected limb					