

Name :

Date :

## **The 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.***

**TODAY, DO YOU OR WOULD YOU HAVE ANY DIFFICULTY AT ALL WITH:**

<b>Activities</b>	<b>Extreme Difficulty or unable to perform activity</b>	<b>Quite a Bit of Difficulty</b>	<b>Moderate Difficulty</b>	<b>A little bit of Difficulty</b>	<b>No Difficulty</b>
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
<b>COLUMN TOTALS</b>					

**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): 6points.