

PATIENT NAME: _____

DOB: _____ DATE: _____



Physical Therapy & Wellness Center

UPPER EXTREMITY FUNCTIONAL INDEX

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: (Circle one number on each line)

ACTIVITIES		Extreme Difficulty	Quite a bit of Difficulty	Moderate Difficulty	A Little bit of Difficulty	No Difficulty
a.	Any of your usual work, housework or school activities	0	1	2	3	4
b.	Your usual hobbies, recreational or sporting activities	0	1	2	3	4
c.	Lifting a bag of groceries to waist level	0	1	2	3	4
d.	Placing an object onto, or removing it from an overhead shelf	0	1	2	3	4
e.	Washing your hair or scalp	0	1	2	3	4
f.	Pushing up on your hands (e.g., from bathtub or chair)	0	1	2	3	4
g.	Preparing food (e.g., peeling, cutting)	0	1	2	3	4
h.	Driving	0	1	2	3	4
i.	Vacuuming, sweeping, or raking	0	1	2	3	4
j.	Dressing	0	1	2	3	4
k.	Doing up buttons	0	1	2	3	4
l.	Using tools or appliances	0	1	2	3	4
m.	Opening doors	0	1	2	3	4
n.	Cleaning	0	1	2	3	4
o.	Tying or lacing shoes	0	1	2	3	4
p.	Sleeping	0	1	2	3	4
q.	Laundering clothes (e.g., washing, ironing, folding)	0	1	2	3	4
r.	Opening a jar	0	1	2	3	4
s.	Throwing a ball	0	1	2	3	4
t.	Carrying a small suitcase with your affected limb	0	1	2	3	4
Column Totals (for your Physical Therapists Use) :						

Score: _____ / 80

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