



Name _____ Date _____

Upper Extremity Functional Scale

We are interested in knowing whether you are having any difficulty with the activities listed below because of your upper limb problem for which you are currently seeking attention. Provide an answer for each activity.

Today, do you or would you have any difficulty with: (Circle one number on each line)

Activities	Extreme Difficulty or Unable to Perform Activity	Quite a Bit of Difficulty	Moderate Difficulty	A Little Bit of Difficulty	No Difficulty
a. Any of your usual work, household, 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. Lifting a bag of groceries above your head.	0	1	2	3	4
e. Grooming your hair.	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 physical therapist use)

Score is the sum of all circled items. (range = 0-80)

Score: /80

TREATMENT AREA/BODY PART PAIN

Please circle the number indicating your worst pain during the **last 24 hours**:

0 1 2 3 4 5 6 7 8 9 10
| | | | | | | | | |

0= No pain

1= Tolerable discomfort

2= Minimal pain, when in certain positions or situations, can be ignored

3= Pain cannot be ignored, but can be tolerated, minimal concentration interference

4= Pain occasionally interferes with concentration, minimal pain compensation behaviors, performance difficulties with one or two tasks

5= Pain interferes with concentration and/or performance difficulties 25% of the time, pain compensation behaviors displayed

6= Pain interferes with concentration and performance difficulties 50% of the time, pain compensation behaviors displayed

7= Pain interferes with concentration and performance difficulties 75% of the time, pain compensation behaviors displayed

8= Pain continuously interferes with concentration and performance is limited, pain compensation behaviors displayed

9= Intolerable pain, concentration and performance interference except basic needs of eating, toileting

10= Intolerable pain, unable to concentrate, performance difficulties and limitations in all tasks, hospitalization required.

This item for Follow Up/Discharge Visit Only

TREATMENT AREA/BODY PART IMPROVEMENT INDEX

Please circle the percentage of your improvement since beginning therapy:

0 10 20 30 40 50 60 70 80 90 100
| | | | | | | | | |

No improvement

Complete recovery