

Upper Extremity Functional Scale (UEFS)

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:

Activities	Extreme Difficulty or Unable to Perform	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) 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 (eg: from bathtub or chair).	0	1	2	3	4
g) Preparing your food (eg: 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 up or lacing shoes.	0	1	2	3	4
p) Sleeping.	0	1	2	3	4
q) Laundering clothes (eg: 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 affected limb.	0	1	2	3	4
Column Totals:					

Therapist's Signature: _____

Score: _____ /80= _____ %