

Eclipse Orthopaedic Rehabilitation

Upper Extremity Functional Index

Name: _____

Date: _____

We are interested in knowing whether you are having difficulty at all with the activities listed below because of your upper extremity 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
1. Any of your usual work, household or school activities	0	1	2	3	4
2. Your usual hobbies, sporting or recreational activities	0	1	2	3	4
3. Lifting a bag of groceries to waist level	0	1	2	3	4
4. Lifting a heavy object above head level	0	1	2	3	4
5. Grooming your hair	0	1	2	3	4
6. Pushing up on your hands (i.e. from bathtub or chair)	0	1	2	3	4
7. Preparing food (i.e. cutting, cooking, peeling)	0	1	2	3	4
8. Driving	0	1	2	3	4
9. Vacuuming, sweeping, raking	0	1	2	3	4
10. Putting on undergarments	0	1	2	3	4
11. Putting on shirt	0	1	2	3	4
12. Pulling on pants	0	1	2	3	4
13. Doing up buttons	0	1	2	3	4
14. Using tools or appliances	0	1	2	3	4
15. Opening doors	0	1	2	3	4
16. Washing your back	0	1	2	3	4
17. Tying shoes	0	1	2	3	4
18. Sleeping on involved side	0	1	2	3	4
19. Laundering clothes	0	1	2	3	4
20. Opening jars	0	1	2	3	4
21. Throwing a ball	0	1	2	3	4
22. Carrying a small suitcase with affected limb	0	1	2	3	4
23. Removing item from back pocket	0	1	2	3	4

TOTAL SCORE: _____/92

Minimal level of detectable change: 9 points