

Healthy Body Chiropractic

Upper Extremity Functional Scale

Name: _____

Date: _____

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 check (v) an answer for **each** activity.

Today, do you or would you have any difficulty at all with:

	Extreme Difficulty	Or Unable to Perform Activity	Quite a Bit of Difficulty	Moderate Difficulty	A Little Bit of Difficulty	No Difficulty
1. Any of your usual work, household, or school activities						
2. Your usual hobbies, recreational or sporting activities						
3. Lifting a bag of groceries to waist level						
4. Lifting a bag of groceries above your head						
5. Grooming your hair						
6. Pushing up on your hands (e.g., from bathtub or chair)						
7. Preparing food (e.g., peeling, cutting)						
8. Driving						
9. Vacuuming, sweeping, or raking						
10. Dressing						
11. Doing up buttons						
12. Using tools or appliances						
13. Opening doors						
14. Cleaning						
15. Tying or lacing shoes						

Score: _____/80

MDC (minimum detectable change) = 9 pts

Error +/- 5 scale points

Adapted from Stratford P, Binkley JM, Stratford POW. Development and initial validation of the upper extremity functional index. Physiotherapy Canada Fall 2001;259-266, 281.