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Date: \_\_\_\_\_

Name: \_\_\_\_\_

## 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 or unable to perform activity	Quite a bit of difficulty	Moderate difficulty	A little bit of difficulty	No difficulty
Any of your usual work, housework, or school activities	0	1	2	3	4
Your usual hobbies, recreational or sporting activities	0	1	2	3	4
Lifting a bag of groceries to waist level	0	1	2	3	4
Lifting a bag of groceries above your head	0	1	2	3	4
Grooming your hair	0	1	2	3	4
Pushing up on your hands (eg from bathtub or chair)	0	1	2	3	4
Preparing food (eg peeling, cutting)	0	1	2	3	4
Driving	0	1	2	3	4
Vacuuming, sweeping or raking	0	1	2	3	4
Dressing	0	1	2	3	4
Doing up buttons	0	1	2	3	4
Using tools or appliances	0	1	2	3	4
Opening doors	0	1	2	3	4
Cleaning	0	1	2	3	4
Tying or lacing shoes	0	1	2	3	4
Sleeping	0	1	2	3	4
Laundering clothes (eg washing, ironing, folding)	0	1	2	3	4
Opening a jar	0	1	2	3	4
Throwing a ball	0	1	2	3	4
Carrying a small suitcase with your affected limb	0	1	2	3	4
<b>COLUMN TOTALS</b>					

Score \_\_\_\_/80