

THE UPPER EXTREMITY FUNCTIONAL INDEX (UEFI)

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 |
|----------------|--------------------------------------------------|---------------------------|---------------------|----------------------------|---------------|
| 1 | 0 | 1 | 2 | 3 | 4 |
| 2 | 0 | 1 | 2 | 3 | 4 |
| 3 | 0 | 1 | 2 | 3 | 4 |
| 4 | 0 | 1 | 2 | 3 | 4 |
| 5 | 0 | 1 | 2 | 3 | 4 |
| 6 | 0 | 1 | 2 | 3 | 4 |
| 7 | 0 | 1 | 2 | 3 | 4 |
| 8 | 0 | 1 | 2 | 3 | 4 |
| 9 | 0 | 1 | 2 | 3 | 4 |
| 10 | 0 | 1 | 2 | 3 | 4 |
| 11 | 0 | 1 | 2 | 3 | 4 |
| 12 | 0 | 1 | 2 | 3 | 4 |
| 13 | 0 | 1 | 2 | 3 | 4 |
| 14 | 0 | 1 | 2 | 3 | 4 |
| 15 | 0 | 1 | 2 | 3 | 4 |
| 16 | 0 | 1 | 2 | 3 | 4 |
| 17 | 0 | 1 | 2 | 3 | 4 |
| 18 | 0 | 1 | 2 | 3 | 4 |
| 19 | 0 | 1 | 2 | 3 | 4 |
| 20 | 0 | 1 | 2 | 3 | 4 |
| Column Totals: | | | | | |

Minimum Level of Detectable Change (90% Confidence): 9 points

SCORE: / 80

Name: _____

Date: _____

