



Rustic Market Square, Bay #5, 123 2nd Ave West, Cochrane, Alberta, T4C 2E7
 Phone: 403.981.1991 Fax: 403.981.7776
 sunshinephysio.com

SUNSHINE

Physiotherapy and Sport Rehabilitation

NAME: _____

DATE: _____

The Upper Extremity Functional Scale

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)

	Extreme Difficulty or unable to perform activity	Quite a bit of Difficulty	Moderate Difficulty	Minimal Difficulty	No Difficulty
1. Any of your usual work, housework, or school activities.	0	1	2	3	4
2. You usual hobbies, recreational or sporting activities.	0	1	2	3	4
3. Lifting a bag of groceries to waist level.	0	1	2	3	4
4. Lifting a bag of groceries above your head.	0	1	2	3	4
5. Grooming your hair.	0	1	2	3	4
6. Pushing up on your hands (e.g. from bathtub or chair).	0	1	2	3	4
7. Preparing food (e.g. peeling, cutting).	0	1	2	3	4
8. Driving.	0	1	2	3	4
9. Vacuuming, sweeping, or raking.	0	1	2	3	4
10. Dressing.	0	1	2	3	4
11. Doing up buttons.	0	1	2	3	4
12. Using tools or appliances.	0	1	2	3	4
13. Opening doors.	0	1	2	3	4
14. Cleaning.	0	1	2	3	4
15. Typing or lacing shoes.	0	1	2	3	4
16. Sleeping.	0	1	2	3	4
17. Laundering clothes (e.g. washing, ironing, folding).	0	1	2	3	4
18. Opening a jar.	0	1	2	3	4
19. Throwing a ball.	0	1	2	3	4
20. Carrying a small suitcase with your affected limb.	0	1	2	3	4
COLUMN TOTALS (for physical therapist use)	Score: _____ /80				