

Name: _____ Date: _____ DOB: _____

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 CIRCLE AN ANSWER FOR EACH ACTIVITY

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

	Activities	Unable to Perform Activity	Severe Difficulty	Moderate Difficulty	Mild Difficulty	No Difficulty
1	Walk or Sit with arm comfortable at side	4	3	2	1	0
2	Sleep through the night	4	3	2	1	0
3	Sleep on the affected side	4	3	2	1	0
4	Reach into front pocket	4	3	2	1	0
5	Reach into back pocket	4	3	2	1	0
6	Reach into the small of back and tuck in shirt	4	3	2	1	0
7	Wash under affected arm	4	3	2	1	0
8	Wash or brush hair (including back of head)	4	3	2	1	0
9	Place glass on shelf at shoulder level	4	3	2	1	0
10	Place dish on shelf at shoulder level	4	3	2	1	0
11	Remove garment hanging in closet	4	3	2	1	0
12	Place mug on high shelf	4	3	2	1	0
13	Adjust shower head	4	3	2	1	0
14	Pick up gallon of milk from refrigerator	4	3	2	1	0
15	Carry a 10LB plastic bag of groceries at side	4	3	2	1	0
16	Pouring a drink from 1 liter bottle	4	3	2	1	0
17	Toss a softball underhand 10 feet	4	3	2	1	0
18	Toss a baseball underhand from 10 feet	4	3	2	1	0
19	Vacuum floor or rake the lawn	4	3	2	1	0
20	Put a pullover on/off going over your head	4	3	2	1	0
21	Putting on a coat, finishing with the affected shoulder	4	3	2	1	0
22	Personal care activities (i.e. dress/washing)	4	3	2	1	0
23	Household Work (i.e.maintenance/cleaning)	4	3	2	1	0
24	Work (your usual job) or maintain normal activity	4	3	2	1	0
25	Recreation or sporting activities	4	3	2	1	0
	Column Totals:					