

## UPPER EXTREMITY FUNCTIONAL INDEX

Name \_\_\_\_\_ Date \_\_\_\_\_

This questionnaire has been designed to give the therapist information as to how your injury has affected your ability to manage in everyday life. Please answer every section and mark in each section only the one box which applies to you. We realize you may consider that two of the statements in any one action relate to you, but mark the one which most clearly describes your problem using injured side.

### \*PAIN INTENSITY

- I have no pain at the moment.
- The pain is very mild at the moment.
- The pain is moderate at the moment.
- The pain is fairly severe at the moment.
- The pain is very severe at the moment.
- The pain is the worst imaginable at the moment.

### \*EATING/DRINKING/CUTTING (using both hands)

- I have no limitations that interfere with eating tasks.
- My limitations cause mild inconvenience or discomfort when eating.
- My limitations cause moderate inconvenience or discomfort when eating.
- I need help to do a few of my eating tasks.
- I need help to do most of my eating tasks.
- I cannot eat unless I have a lot of help

### \*DRESSING

- I can complete all dressing tasks without limitations.
- I can complete all dressing tasks with few limitations.
- It is difficult to dress, it takes a long time.
- I need help for a few of my dressing tasks.
- I need help for most of my dressing tasks.
- I need help for all of my dressing tasks.

### \*GROOMING & BATHING (using both hands)

- I can complete all personal care tasks without limitations.
- I can complete all personal care tasks with few limitations.
- It is difficult to complete most of my personal care tasks by myself.
- I need help for a few of my personal care tasks.
- I need help for most of my personal care tasks.
- I need help for all of my personal care tasks.

### \*REACHING (using both hands)

- I can place objects onto overhead shelves without limitations.
- I can place only the lightest objects onto an overhead shelf.
- I can reach overhead, but cannot lift anything that high.
- I can lift objects to counter level, but cannot reach above shoulder height.
- I can lift the lightest objects to counter level.
- I cannot reach above counter level.

**\*PUSHING/PULLING (using injured side)**

- I have no limitations that interfere with pushing or pulling activities.
- Pushing and pulling activities cause minimal problems.
- Pushing and pulling activities cause moderate problems.
- I am unable to push or pull open a heavy door without help.
- I can only push the lightest things.
- I cannot push or pull anything without severe problems.

**\*HOME MANAGEMENT/MAINTENANCE (using both hands)**

- I can complete my regular home tasks without limitations.
- I am able to complete my regular home tasks, but experience some difficulty.
- I am unable to complete a few of my regular home tasks.
- I am unable to complete many of my regular home tasks.
- I am unable to complete most of my regular home tasks.
- I cannot complete my regular home tasks.

**\*DRIVING (using both hands)**

- I can drive my car without limitations.
- I can drive my car as long as I want with only mild problems.
- I can drive my car as long as I want with moderate problems.
- I cannot drive my car as long as I want because of my limitations.
- My driving is severely limited.
- I cannot drive my car at all.

**\*SOCIAL/RECREATIONAL ACTIVITIES (using both hands)**

- I am able to engage in all my recreational/social activities with no restrictions.
- I am able to engage in all my recreational/social activities, but experience some difficulty.
- I am able to engage in most of my recreational/social activities but not all.
- My involvement in most recreation and social activities is restricted.
- I am restricted to home recreation/social activities.
- I cannot do any recreation or social activities at all.

**\*WORK (using both hands)**

- I can do as much of my work as I want.
- I can do all my required work duties, but no more.
- I can do most of my required work duties, but not all.
- I cannot complete my usual work.
- I can hardly do any work at all.
- I cannot do any work at all.

---

**\*PATIENT DO NOT FILL OUT (PHYSICAL THERAPIST)\***

SCORE: \_\_\_\_\_ %, Date \_\_\_\_\_ (Initial)

SCORE: \_\_\_\_\_ %, Date \_\_\_\_\_ (Mid)

SCORE: \_\_\_\_\_ %, Date \_\_\_\_\_ (Discharge)