Barrington Rehabilitation and Sports Physical Therapy

Name_____ Account #_____ Date_____

UPPER EXTREMITY FUNCTIONAL SCALE

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:

	Extreme Difficulty or Unable to Perform Activity	Quite a Bit of Difficulty	Moderate Difficulty	A Little Bit of Difficulty	No Difficulty
1. Any of your usual work, housework or school activities	0	1	2	3	4
2. Your usual hobbies, recreational or sporting activities	0	1	2	3	4
3. Washing your upper and/or lower extremities	0	1	2	3	4
4. Squeezing bottles (shampoo, mustard, toothpaste, etc..)	0	1	2	3	4
5. Putting on your shoes or socks	0	1	2	3	4
6. Putting in contacts or putting on earrings	0	1	2	3	4
7. Lifting an object, like a gallon of milk into the refrigerator	0	1	2	3	4
8. Performing light activities around your home (dusting)	0	1	2	3	4
9. Performing heavy activities around your home (vacuuming)	0	1	2	3	4
10. Putting on or taking off a seatbelt	0	1	2	3	4
11. Fastening items (buttons, snaps, zippers etc…)	0	1	2	3	4
12. Washing dishes	0	1	2	3	4
13. Putting on a shirt	0	1	2	3	4
14. Putting on pants	0	1	2	3	4
15. Putting on a bra or belt	0	1	2	3	4
16. Turning doorknobs	0	1	2	3	4
17. Turning keys and locks	0	1	2	3	4
18. Cutting meat with a knife	0	1	2	3	4
19. Pulling up covers	0	1	2	3	4
20. Folding laundry	0	1	2	3	4
Column Totals:					

Minimum Level of Detectable Change (90% Confidence): 9 points SCORE: _____/80

0-10 Numeric Pain Rating Scale

Please circle the number that best rates your level of pain.