



The Hetrick Center

The Upper Extremity Functional Index

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:

	Activities	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					
2	Your usual hobbies, recreational or sporting activities					
3	Lifting a bag of groceries to waist level					
4	Lifting a bag of groceries above your head					
5	Grooming your hair					
6	Pushing up on your hands (i.e. from a bathtub or chair)					
7	Preparing food (i.e. peeling or cutting)					
8	Driving					
9	Vacuuming, sweeping or raking					
10	Dressing					
11	Doing up buttons					
12	Using tools or appliances					
13	Opening doors					
14	Cleaning					
15	Tying or lacing shoes					
16	Sleeping					
17	Laundrying clothes (i.e. washing, ironing or folding)					
18	Opening a jar					
19	Throwing a ball					
20	Carrying a small suitcase with your affected limb					

Column Totals

Patient Signature _____ Date _____

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