Reavis Rehab & Wellness Center

Upper Extremity Functional Index (UEFI)

Patient Name:___________________________________ Date:__________________ Therapist:_____________________________

Today, **do you** or **would you** have any difficulty at all with: (Circle the correct answer in each column)

Activities	Extreme Difficulty or unable to perform activity	Quite a bit of difficulty	Moderate Difficulty	A little bit of difficulty	No difficulty
Any of your usual work, housework or school activities	0	1	2	3	4
Your usual hobbies, recreational or sporting activities	0	1	2	3	4
Lifting a bag of groceries to waist level	0	1	2	3	4
Lifting a bag of groceries above your head	0	1	2	3	4
Grooming your hair	0	1	2	3	4
Pushing up on your hands (eg, from bathtub or chair)	0	1	2	3	4
Preparing food (eg, peeling, cutting)	0	1	2	3	4
Driving	0	1	2	3	4
Vacuuming, sweeping or raking	0	1	2	3	4
Dressing	0	1	2	3	4
Doing up buttons	0	1	2	3	4
Using tools or appliances	0	1	2	3	4
Opening doors	0	1	2	3	4
Cleaning	0	1	2	3	4
Tying or lacing shoes	0	1	2	3	4
Sleeping	0	1	2	3	4
Laundering clothes (eg, washing, ironing, folding)	0	1	2	3	4
Opening a jar	0	1	2	3	4
Throwing a ball	0	1	2	3	4
Carrying a small suitcase with your affected limb	0	1	2	3	4
Column totals					
Minimum level of detectable change (90% confidence): 9 points				Score: /80	