

Name: _____

Date: _____

Upper Extremity Functional Index

This questionnaire will give us information about how your lower extremity condition affects your everyday life. Please rate your ability to do the following activities by circling the appropriate response.

<i>Activities</i>	<i>Extreme Difficulty or Unable to Perform Activity</i>	<i>Quite a Bit of Difficulty</i>	<i>Moderate Difficulty</i>	<i>A Little Bit of Difficulty</i>	<i>No Difficulty</i>
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:					

Score: _____