

Upper Extremity Functional Index-15

Patient's name (or ID#) _____

Date _____

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: (Circle one number on each line)

Activities		Extreme Difficulty/ Unable to Do	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	Lifting a bag of groceries to waist level	0	1	2	3	4
3	Placing an object onto, or removing it from, an overhead shelf	0	1	2	3	4
4	Washing your hair or scalp	0	1	2	3	4
5	Pushing up on your hands (eg, from bathtub or chair)	0	1	2	3	4
6	Preparing food (eg, peeling, cutting)	0	1	2	3	4
7	Driving	0	1	2	3	4
8	Vacuuuming, sweeping, or raking	0	1	2	3	4
9	Doing up buttons (Note: response numbering is correct)	0	1	1	2	3
10	Using tools or appliances	0	1	2	3	4
11	Opening doors	0	1	2	3	4
12	Cleaning	0	1	2	3	4
13	Laundering clothes (eg, washing, ironing, folding)	0	1	2	3	4
14	Opening a jar	0	1	2	3	4
15	Carrying a small suitcase with your affected limb	0	1	2	3	4
Column Totals:						

Clinician: sum column totals for raw score: ____ / 59, then use table below for a final score ____ / 100.

Raw Score	Final Score	Raw Score	Final Score	Raw Score	Final Score	Raw Score	Final Score	Raw Score	Final Score	Raw Score	Final Score
0	0.0	10	33.1	20	43.5	30	51.5	40	59.4	50	69.9
1	8.5	11	34.4	21	44.4	31	52.3	41	60.2	51	71.3
2	14.4	12	35.6	22	45.2	32	53.0	42	61.1	52	72.9
3	18.6	13	36.7	23	46.0	33	53.8	43	62.0	53	74.8
4	21.7	14	37.8	24	46.9	34	54.6	44	63.0	54	76.8
5	24.3	15	38.9	25	47.6	35	55.3	45	64.0	55	79.3
6	26.5	16	39.9	26	48.4	36	56.1	46	65.0	56	82.3
7	28.4	17	40.8	27	49.2	37	56.9	47	66.1	57	86.2
8	30.1	18	41.8	28	50.0	38	57.7	48	67.3	58	91.8
9	31.7	19	42.7	29	50.7	39	58.5	49	68.5	59	100.0