

Premier Acupuncture & Complementary Medicine, Inc

UPPER EXTREMITY FUNCTIONAL INDEX (UEFI)

Patient Name: _____

Date: _____

INSTRUCTIONS: 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.

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	4	3	2	1	0
2. Your usual hobbies, recreational or sporting activities	4	3	2	1	0
3. Lifting a bag of groceries to waist level	4	3	2	1	0
4. Lifting a bag of groceries above your head	4	3	2	1	0
5. Grooming your hair	4	3	2	1	0
6. Pushing up on your hands (eg. from bathtub or chair)	4	3	2	1	0
7. Preparing food (eg. peeling, cutting)	4	3	2	1	0
8. Driving	4	3	2	1	0
9. Vacuuming, sweeping, or raking	4	3	2	1	0
10. Dressing	4	3	2	1	0
11. Doing up buttons	4	3	2	1	0
12. Using tools or appliances	4	3	2	1	0
13. Opening doors	4	3	2	1	0
14. Cleaning	4	3	2	1	0
15. Tying or lacing shoes	4	3	2	1	0
16. Sleeping	4	3	2	1	0
17. Laundering clothes (eg. washing, ironing, folding)	4	3	2	1	0
18. Opening a Jar	4	3	2	1	0
19. Throwing a ball	4	3	2	1	0
20. Carrying a small suitcase with your affected limb	4	3	2	1	0