

Upper Extremity Functional Index

Name _____

Date _____

Please answer every question even if it is not something you normally perform.

Today do you or would you have any difficulty at all with these activities?

Because of your pain, How difficult is it to...	Unable To Do	Quite Difficult	Moderate Difficult	Little Difficult	Not Difficult
Usual work or housework	0	1	2	3	4
Usual hobbies	0	1	2	3	4
Lifting 10# to waist level	0	1	2	3	4
Lifting 10# above head	0	1	2	3	4
Grooming your hair	0	1	2	3	4
Pushing up with your hands	0	1	2	3	4
Preparing food	0	1	2	3	4
Driving	0	1	2	3	4
Vacuuming, sweeping, 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 without pain	0	1	2	3	4
Laundering clothes	0	1	2	3	4
Opening a jar	0	1	2	3	4
Throwing a ball	0	1	2	3	4
Carrying 20 pounds	0	1	2	3	4