

OT: UPPER EXTREMITY FUNCTIONAL INDEX (UEFI)

Name: _____ D.O.B _____ 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:

- 0= Extreme Difficulty or Unable to Perform Activity
- 1= Quite a Bit of Difficulty
- 2= Moderate Difficulty
- 3= A Little Bit of Difficulty
- 4= No Difficulty

Activities

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

Source: Stratford et al (2001): Development and initial validation of the upper extremity functional index. Physiotherapy Canada 53(4): 259-67

Minimum detectable change (90% confidence): 6 points.