

Upper Extremity Functional Index (UEFI)

Name: _____

Height: _____

Weight: _____

We would like to know if you are having any difficulty at all with the activities listed below because of **your lower body problem** for which you are seeking attention. Please provide an answer for each activity.

Please identify the level of difficulty you have or would have today with each of the following activities:

Activities	Extreme Difficulty/ Not able 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	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 (e.g. from bathtub or chair)	0	1	2	3	4
7. Preparing food (e.g. 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. Laundering clothes (e.g. 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 affect limb	0	1	2	3	4

For Office Use Only:

BP: _____

SO2: _____

Total Score: _____

HR: _____

BMI: _____