

**YAVAPAI REGIONAL MEDICAL CENTER
UPPER EXTREMITY FUNCTIONAL SCALE**



INSTRUCTIONS: We are interested in knowing if you are having any difficulty at all with the activities listed below as a result of your upper limb problem for which you are currently seeking attention. Please provide an answer for each activity. Circle one number on each line.

Today, *do* you or *would* you
have any difficulty with:

ACTIVITY

	EXTREME DIFFICULTY OR UNABLE TO PERFORM	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 affected limb)	0	1	2	3	4
PHYSICAL THERAPIST: TOTAL ALL COLUMNS	0				

SIGNATURE OF PATIENT	DATE
SIGNATURE OF PHYSICAL THERAPIST	DATE