



Upper Extremity
Functional Scale

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Total: _____/80

We are interested in knowing whether you are having any difficulty with activities below because of your arm problem for which you are currently here. Provide an answer for each activity.

Today, do you or would you have any difficulty with the following?
(Circle one number on each line, a blank response will be counted as a zero)

ACTIVITIES:	Extreme Difficulty Or Unable to Perform	Quite a Bit of Difficulty	Moderate Difficulty	A Little Bit of Difficulty	No Difficulty
A. Any of your usual work, household, or school activities.	0	1	2	3	4
B. Your usual hobbies, recreational or sporting activities.	0	1	2	3	4
C. Lifting a bag of groceries to waist level.	0	1	2	3	4
D. Lifting a bag of groceries above your head.	0	1	2	3	4
E. Grooming your hair.	0	1	2	3	4
F. Pushing up using your hand (e.g., from bathtub or chair)	0	1	2	3	4
G. Preparing food (e.g. peeling, cutting).	0	1	2	3	4
H. Driving.	0	1	2	3	4
I. Vacuuming, sweeping, raking.	0	1	2	3	4
J. Dressing.	0	1	2	3	4
K. Doing up buttons.	0	1	2	3	4
L. Using tools or appliances.	0	1	2	3	4
M. Opening doors.	0	1	2	3	4
N. Cleaning.	0	1	2	3	4
O. Tying or lacing shoes.	0	1	2	3	4
P. Sleeping.	0	1	2	3	4
Q. Laundering clothes (e.g., washing, ironing and folding).	0	1	2	3	4
R. Opening a jar.	0	1	2	3	4
S. Throwing a ball.	0	1	2	3	4
T. Carrying a small suitcase with your affected limb.	0	1	2	3	4