Upper Extremity Functional Scale

Instructions:
Please indicate which of the following things you have difficulty in doing because of your symptoms. Circle the number that indicates how much difficulty you have with each activity (1 indicates no problem, 10 indicates major problem, can't do it at all).

	No Problem									Major Problem (Can't do it at all)
Sleeping	1	2	3	4	5	6	7	8	9	10
Writing	1	2	3	4	5	6	7	8	9	10
Opening jars	1	2	3	4	5	6	7	8	9	10
Picking up small objects with fingers										
	1	2	3	4	5	6	7	8	9	10
Driving a car more than 30 minutes										
	1	2	3	4	5	6	7	8	9	10
Opening a door	1	2	3	4	5	6	7	8	9	10
Carrying milk jug from the refrigerator										
	1	2	3	4	5	6	7	8	9	10
Washing dishes	1	2	3	4	5	6	7	8	9	10

Scoring: add responses for all 8 questions
Interpretation: Higher scores are indicative of more disability