

Outcome Measure for Upper Appendicular Symptoms

Upper Extremity Functional Scale (UEFS)

Please identify if you are having any difficulty with the activities listed below, due to the upper extremity symptoms for which you are currently seeking attention.

<i>Activity</i>	<i>Inability</i>	<i>Significant Difficulty</i>	<i>Considerable Difficulty</i>	<i>Mild Difficulty</i>	<i>No Difficulty</i>
Work/ Household maintenance/ School	0	1	2	3	4
Hobbies/Recreation/Sporting	0	1	2	3	4
Lifting 10 lb to waist level	0	1	2	3	4
Lifting 10 lb overhead	0	1	2	3	4
Grooming hair	0	1	2	3	4
Pushing up onto hands	0	1	2	3	4
Preparing food	0	1	2	3	4
Driving	0	1	2	3	4
Vacuuming/Sweeping/Raking	0	1	2	3	4
Dressing	0	1	2	3	4
Doing up buttons	0	1	2	3	4
Using tools or appliances	0	1	2	3	4
Opening doors	0	1	2	3	4
Cleaning	0	1	2	3	4
Tying or lacing shoes	0	1	2	3	4
Sleeping	0	1	2	3	4
Laundering	0	1	2	3	4
Opening a jar	0	1	2	3	4
Throwing a ball	0	1	2	3	4
Carrying a suitcase	0	1	2	3	4

Patient Name

Patient Signature

Date

Parent/Guardian Signature

Date