

UPPER EXTREMITY FUNCTION SCALE QUESTIONNAIRE

Patient Name: _____ **Date:** _____

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.

| | No Problem | | | | | Major Problem | | | | | |
|---|------------|---|---|---|---|---------------|---|---|---|---|----|
| A. Sleeping | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| B. Writing..... | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| C. Opening jars..... | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| D. Picking up objects with fingers..... | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| E. Driving a car more than 30 minutes..... | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| F. Opening a door..... | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| G. Carrying milk from the refrigerator..... | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| H. Washing dishes..... | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Reprinted with Permission. Pransky, G., Feuerstein, M., Himmelstein, J. Kratz, J. Vickers-Lathi, M. (1997). Measuring functional outcomes in work-related upper extremity disorders.
 2. Development and validation of the upper extremity function scale. Journal of Occupational and Environmental Medicine, 39,(12), 1195-1203.