

UPPER EXTREMITY FUNCTIONAL QUESTIONNAIRE

Please answer each question and choose the response that most accurately describes your functional limitations *as they relate to your CURRENT upper extremity injury*

Functional Activity	N/A (0)	Never (1)	Seldom (2)	Occasionally (3)	Frequently (4)	Always (5)
I have difficulty dressing (i.e., putting on jacket, pulling shirt overhead)						
I have difficulty reaching behind me to tuck in a shirt, reach for my wallet, or fasten my bra						
I have difficulty gripping objects when writing, cutting, food, etc.						
I have difficulty opening a tight or new jar						
I have difficulty preparing meals						
I have difficulty turning a door knob or key						
I have difficulty placing an object overhead (i.e., into a cupboard)						
I have difficulty performing heavy household chores (i.e., cleaning floors and walls)						
I have difficulty carrying a laundry basket, shopping bag, briefcase or handbag						
I have difficulty carrying objects greater than 10 pounds						
I have difficulty washing, brushing, or blow drying hair						
I have difficulty pushing open a heavy door						
I have difficulty with gardening or yard work.						
I have difficulty performing light recreational activities (i.e., playing cards or knitting)						
I have difficulty performing recreational activities such as golf, tennis, etc.						
I have difficulty driving and difficulty accessing the community (i.e., shopping, medical appointments)						
I have difficulty sleeping through the night due to my upper extremity injury						
Total score/column (for therapist use only)						

Total score (for therapist use only): _____ /85

Please note any other functional limitations that were not addressed above: _____

Patient Signature: _____ Date: _____
 Therapist Signature: _____ Date: _____