

# Upper Extremity Functional Scale (UEFS)

Patient's name: \_\_\_\_\_ Date: \_\_\_\_\_

Please indicate which of the following activities you have difficulty doing because of your symptoms. Select the number that indicates how much difficulty you have with each activity.

Activities	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 for 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

Total score: \_\_\_\_\_

Additional notes

Clinician's name: \_\_\_\_\_ Clinician's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Reference

Pransky, G., Feuerstein, M., Himmelstein, J., Katz, J. N., & Vickers-Lahti, M. (1997). Measuring functional outcomes in work-related upper extremity disorders. *Journal of Occupational & Environmental Medicine*, 39(12), 1195–1202. <https://doi.org/10.1097/00043764-199712000-00014>