COVENANT HealthCare

Covenant HealthCare
1447 North Harrison
Saginaw, MI 48602

QUESTIONNAIRE/UPPER EXTREMITY FUNCTIONAL SCALE

PF03064 (R7/17)

PATIENT I.D.

Please indicate if you have any difficulty with the activities listed below because of **your upper extremity problem** for which you are currently going to be seen. Please **circle** your answer for each question.

Today, **do you** or **would you** have any difficulty with:

	Activities	Extremely difficult or unable to do	Quite a bit of difficulty	Moderately difficult	A little bit of difficulty	No Difficulty
1	Any of your usual work, housework or school activity	0	1	2	3	4
2	Your usual hobbies, recreational or sporting activity	0	1	2	3	4
3	Lifting a bag of groceries to waist level	0	1	2	3	4
4	Lifting a bag of groceries above your head	0	1	2	3	4
5	Grooming your hair	0	1	2	3	4
6	Pushing up on your hands (e.g. from bathtub or chair)	0	1	2	3	4
7	Preparing food (e.g. peeling and cutting)	0	1	2	3	4
8	Driving	0	1	2	3	4
9	Vacuuming, sweeping or raking	0	1	2	3	4
10	Dressing	0	1	2	3	4
11	Doing up buttons	0	1	2	3	4
12	Using tools or appliances	0	1	2	3	4
13	Opening doors	0	1	2	3	4
14	Cleaning	0	1	2	3	4
15	Tying or lacing shoes	0	1	2	3	4
16	Sleeping	0	1	2	3	4
17	Laundering clothes (e.g. washing, ironing, folding)	0	1	2	3	4
18	Opening a jar	0	1	2	3	4
19	Throwing a ball	0	1	2	3	4
20	Carrying a small suitcase with your affected limb	0	1	2	3	4
	Column Totals:					

Total Score: _____ /80 = _____ Patient Signature: _____ Date: _____ Time: _____

Therapist Signature: _____ Date: _____ Time: _____