GREENCASTLE
PHYSICAL THERAPY & SPORTS MEDICINE

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.