



IPa MANHATTAN
PHYSICAL THERAPY

upper extremity functional index

We are interested in knowing whether you are having difficulty at all with the activities listed below because of your upper limb problem for which you are currently seeking attention. Please provide an answer for each activity. Today, do you or would you have any difficulty at all with: (circle one number on each line).

activities	extremely difficulty	quite a bit of difficulty	moderate difficulty	a little bit of difficulty	no difficulty
a. Any of your usual work, household or school activities	0	1	2	3	4
b. Your usual hobbies, recreational or sporting activities	0	1	2	3	4
c. Lifting a bag of groceries to waist level	0	1	2	3	4
d. Placing an object onto, or removing it from an overhead shelf	0	1	2	3	4
e. Washing your hair or scalp	0	1	2	3	4
f. Pushing up on your hands (e.g., from bathtub or chair)	0	1	2	3	4
g. Preparing food (e.g., peeling, cutting)	0	1	2	3	4
h. Driving	0	1	2	3	4
i. Vacuuming, sweeping, or raking	0	1	2	3	4
j. Dressing	0	1	2	3	4
k. Doing up buttons	0	1	2	3	4
l. Using tools or appliances	0	1	2	3	4
m. Opening doors	0	1	2	3	4
n. Cleaning	0	1	2	3	4
o. Tying or lacing shoes	0	1	2	3	4
p. Sleeping	0	1	2	3	4
q. Laundering clothes (e.g., washing, ironing, folding)	0	1	2	3	4
r. Opening a jar	0	1	2	3	4
s. Throwing a ball	0	1	2	3	4
t. Carrying a small suitcase with your affected limb	0	1	2	3	4
column totals					

name:

dob:

date:

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a functional manual therapy clinic