Patient Name:_____ **Date:**_____

Upper Extremity Evaluation

Describe your average difficulty performing the following activities using the scale below:
4 = No Difficulty 3 = A little difficulty 2 = Moderate Difficulty 1 = Quite a bit of difficulty
0 = Extreme Difficulty

Activity	
Any of your usual work, housework, or school activities	
Your usual hobbies, recreational or sporting activities	
Lifting a bag of groceries to waist level	
Placing an object onto or removing it from an overhead shelf	
Washing you hair or scalp	
Pushing up on your hands (from chair or bathtub)	
Preparing food (peeling, cutting, etc)	
Driving	
Vacuumin, sweeping or raking	
Dressing	
Doing up buttons	
Using tools or appliances	
Opening doors	
Cleaning	
Tying or lacing shoes	
Sleeping	
Laundering clothes (washing, ironing, folding, etc)	
Opening a jar	
Throwing a ball	
Carrying a small suitcase with your affected limb	
Total:	

Next Dr.'s appt?
_____

Overall % improvement
_____

Pain rating (0-10 scale)
_____-_____

Highest pain rating is what % of day
_____

Original Score/Date
_____

FOR OFFICE USE

To score: Total/80*100
MCID = 15 points