

**UPPER LIMB FUNCTIONAL INDEX- 10**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ INJURY \_\_\_\_\_  LEFT ARM  RIGHT ARM

**PLEASE COMPLETE ALL 4 PARTS - Each part has a separate score:**

Your upper limb (arm) may make it difficult to do some things you normally do. This list contains sentences people use to describe themselves when they have such problems. Think of yourself over the last few days. **If an item describes you, mark the Box 'Partly' or 'Yes'. If an item does not describe you, Mark the Box 'NO'.**

**DUE TO MY ARM:**

**No Partly Yes**

- 1. I avoid heavy jobs eg. cleaning, lifting more than 5kg or 10lbs, gardening etc.
- 2. I have the pain / problem almost all the time.
- 3. I have difficulty with normal home or family duties and chores.
- 4. I sleep less well.
- 5. I need assistance with personal care eg. washing and hygiene.
- 6. My regular daily activities (work, social contact) are affected.
- 7. I have difficulty putting my arm into a shirt sleeves or need assistance dressing
- 8. I have difficulty eating and /or using utensils (eg knife, fork, spoon, chop sticks).
- 9. I use the other arm more often.
- 10. I have difficulty with buttons, keys, coins, taps/faucets, containers or screw-top lids.

**ULFI SCORE: To Score the Upper Part – Add the Marked Boxes:**

**TOTAL (ULFI Points)** 100 Scale (x 4) 100 – Total =  %

**MDC (90% Confidence):** 8.5 % or 0.85 ULFI points. Change less than this may be due to error

**Numeric Rating Scale (NRS)**

In the last few days, as a whole person, **due to your ARM**, rank the **severity** of your **Overall Status** compared to before the injury?

Totalx10 = \_\_\_\_\_ % 0    1    2    3    4    5    6    7    8    9    10

Worst Possible Half Way Normal / No Problem