

UPPER LIMB FUNCTIONAL INDEX

DATE: _____

NAME: _____ INJURY: _____ LEFT ARM RIGHT ARM

PLEASE COMPLETE: Your arm may make it difficult to do some things you normally do. This list contains sentences people use to describe themselves with 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 Part YES

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. I stay at home most of the time. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. I change position frequently for comfort. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. I avoid heavy jobs e.g. cleaning, lifting more than 5kg or 10lbs, gardening, etc. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. I rest more often. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. I get others to do things for me. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. I have the pain / problem almost all the time. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. I have difficulty lifting and carrying (e.g. bags, shopping up to 5kg or 10lbs). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. My appetite is now different. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. My walking or normal recreation or sporting activity is affected. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. I have difficulty with normal home or family duties and chores. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. I sleep less well. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. I need assistance with personal care e.g. washing and hygiene |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. My regular daily activities (work, social contact) are affected. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. I am more irritable and / or bad tempered. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. I feel weaker and / or stiffer. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. My transport independence is affected (driving, public transport). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17. I have difficulty putting my arm into a shirt sleeves or need assistance dressing. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18. I have difficulty writing or using a key board and / or 'mouse'. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 19. I am unable to do things at or above shoulder height. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 20. I have difficulty eating and / or using utensils (e.g. knife, fork, spoon, chop sticks). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21. I have difficulty holding and moving dense objects (e.g. mugs, jars, cans). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 22. I tend to drop things and / or have minor accidents more frequently. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 23. I use the other arm more often. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 24. I have difficulty with buttons, keys, coins, taps / faucets, containers or screw-top lids. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 25. I've difficulty opening, holding, pushing or pressing (eg. triggers, levers, heavy doors ...). |

ULFI SCORE: To score the upper part - add the marks:

TOTAL (ULFI points). (x4) = _____ **100 Scale FINAL TOTAL (100 – ULFIx4) =** %

MDC (90% confidence): 7.9 % or 1.9 ULFI points. Change less than this may be due to error.