

# 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 line. If not, leave it blank. If an item partly describes you - Use a Half (½) Mark.

## DUE TO MY ARM:

- \_\_\_ 1. I stay at home most of the time.
- \_\_\_ 2. I change position frequently for comfort.
- \_\_\_ 3. I avoid heavy jobs e.g. cleaning, lifting more than 5kg or 10lbs, gardening etc.
- \_\_\_ 4. I rest more often.
- \_\_\_ 5. I get others to do things for me.
- \_\_\_ 6. I have the pain / problem almost all the time.
- \_\_\_ 7. I have difficulty lifting and carrying (e.g. bags, shopping up to 5kg or 10lbs).
- \_\_\_ 8. My appetite is now different.

- \_\_\_ 9. My walking or normal recreation or sporting activity is affected.
- \_\_\_ 10. I have difficulty with normal home or family duties and chores.
- \_\_\_ 11. I sleep less well.
- \_\_\_ 12. I need assistance with personal care e.g. washing and hygiene.
- \_\_\_ 13. My regular daily activities (work, social contact) are affected.
- \_\_\_ 14. I am more irritable and / or bad tempered.
- \_\_\_ 15. I feel weaker and / or stiffer.
- \_\_\_ 16. My transport independence is affected (driving, public transport).

- \_\_\_ 17. I have difficulty putting my arm into a shirt sleeves or need assistance dressing.
- \_\_\_ 18. I have difficulty writing or using a key board and / or 'mouse'.
- \_\_\_ 19. I am unable to do things at or above shoulder height.
- \_\_\_ 20. I have difficulty eating and / or using utensils (eg knife, fork, spoon, chop sticks).
- \_\_\_ 21. I have difficulty holding and moving dense objects (e.g. mugs, jars, cans).
- \_\_\_ 22. I tend to drop things and / or have minor accidents more frequently.
- \_\_\_ 23. I use the other arm more often.
- \_\_\_ 24. I have difficulty with buttons, keys, coins, taps / faucets, containers or screw-top lids.
- \_\_\_ 25. I have difficulty opening, holding, pushing or pressing (e.g. triggers, lever, 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.

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