

Neck and Upper Extremity Functional Scale

We are interested in knowing whether you are having difficulty at all with the activities listed below because of your neck or arm problem for which you are currently seeking attention.

Please circle one number for each activity.

Patient Name _____

I.D. _____

Today, do you or would you have any difficulty at all with:

(Circle one number on each line)

Patient Primary Goals Check Box	Activities	Extreme Difficulty or Unable to Perform	Quite a Bit of Difficulty	Moderate Difficulty	Slight Difficulty	No Difficulty	Re-Eval Date:	Re-Eval / Final Eval Date:
	1. Headaches / concentration.	0	1	2	3	4		
	2. Writing.	0	1	2	3	4		
	3. Turning a doorknob.	0	1	2	3	4		
	4. Pulling or pushing doors open.	0	1	2	3	4		
	5. Eating.	0	1	2	3	4		
	6. Preparing meals.	0	1	2	3	4		
	7. Toileting / grooming.	0	1	2	3	4		
	8. Dressing your upper body.	0	1	2	3	4		
	9. Dressing lower body.	0	1	2	3	4		
	10. Hair grooming.	0	1	2	3	4		
	11. Using hand tools or opening jars.	0	1	2	3	4		
	12. Work activities.	0	1	2	3	4		
	13. Light housework (beds, dishes, dusting).	0	1	2	3	4		
	14. Reaching your back.	0	1	2	3	4		

Neck and Upper Extremity Functional Scale

(continued)

(circle one number on each line)

Patient Primary Goals Check Box		Extreme Difficulty or Unable to Perform	Quite a Bit of Difficulty	Moderate Difficulty	Slight Difficulty	No Difficulty	Re-Eval Date:	Re-Eval / Final Eval Date:
Activities								
	15. Reaching or putting objects overhead.	0	1	2	3	4		
	16. Sitting.	0	1	2	3	4		
	17. All aspects of driving.	0	1	2	3	4		
	18. Carrying a load over 10 pounds.	0	1	2	3	4		
	19. Sport / recreation activities.	0	1	2	3	4		
	20. Heavy household chores (vacuum, laundry, yardwork).	0	1	2	3	4		
		Extreme	Quite a bit	Moderate	Slight	None		
	21. Sleeping affected by pain in neck, arm or hand.	0	1	2	3	4		
	22. Neck, arm or hand pain at rest	0	1	2	3	4		
	23. Neck, arm or hand pain with activity.	0	1	2	3	4		
	24. Tingling (pins & needles) in neck, arm or hand.	0	1	2	3	4		
	25. A sense of weakness in your neck, arm or hand.	0	1	2	3	4		
Score:								

Therapist's signature _____