UPPER LIMB FUNCTIONAL INDEX- 8 DATE:						
NAME:		INJURY		[LEFT ARM	☐ RIGHT ARM
PLEASE COMPLETE ALL 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 h	neavy jobs eg. clear	ing, lifting more	than 5kg or 1	Olbs, garde	ening etc.	
2. I have th	ne pain / problem al	most all the time	€.			
☐ ☐ 3. I have d	lifficulty with normal	home or family	duties and cho	ores.		
4. I sleep I	ess well.					
☐ ☐ ☐ 5. My regu	ular daily activities (v	vork, social con	tact) are affect	ed.		
☐ ☐ 6. I have difficulty putting my arm into a shirt sleeves or need assistance dressing.						
☐ ☐ 7. I use th	e other arm more of	ten.				
☐ ☐ 8. 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:						
a) = $\frac{\text{TOTAL ULFI-8 Points } (\text{x 12.5}) = \text{b}}{\text{TOTAL ULFI-8 Points } (\text{x 12.5}) = \text{b}} = \frac{\text{Total on 100 Scale}}{\text{Total on 100 Scale}} = \frac{\text{00}}{\text{00}}$						
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 Worst Possible	2 3	4 5 Half Way	6 7	7 8 Normal / No	9 10 Problem