

**NINDS CDE Notice of Copyright
Capabilities of Upper Extremity Questionnaire (CUE-Q)**

Availability:	Available at: Capabilities of Upper Extremity Questionnaire Link
Classification:	<p>Supplemental: Spinal Cord Injury (SCI) and SCI-Pediatric (age 16 and over)</p> <p>Exploratory: SCI-Pediatric (age 6–15)</p>
Short Description of Instrument:	<p>Construct measured: Upper Extremity Function</p> <p>Generic vs. disease specific: SCI-specific</p> <p>Means of administration: Self-reported measure performed by interview</p> <p>Intended respondent: Participant</p> <p>#of items: 32</p>
Comments/Special instructions:	<p>Scoring: The right and left limbs are evaluated and scored separately on a scale ranging between 0 (unable\complete difficulty) to 4 (no difficulty). The CUE-Q has been used to predict and evaluate outcomes.</p> <p>Background: This is a self-reported outcomes instrument. There are 15 items asking about use of the right or left extremity, and 2 about actions requiring both arms, for a total of 32 items. The original version of the CUE-Q used a 7-point scale of perceived limitations completing the action. It has since been revised to a 5-point scale of perceived difficulty completing an action, to conform to the qualifiers of function found in the International Classification of Functioning, Disability and Health. The CUE-Q has been used to evaluate improvements after upper extremity reconstructive procedures and used in a pilot study to predict the ability of individuals with tetraplegia to self-catheterize after continent diversion. The measure has been recommended as a valid measure of upper extremity and hand function in a chronic SCI population.</p>
Rationale/Justification:	<p>Strengths/Weaknesses: This is a self-report test to assess perception of difficulty with performance of activities if a self-report test is to be used rather than a performance-based test, then this is the best choice for self-report.</p> <p>Recommended for use in individuals with subacute and chronic injuries.</p> <p>Psychometric Properties: Strong test-retest reliability (ICC=0.94); High correlation with FIM; able to discriminate between cervical levels.</p> <p>SCI-Pediatric-specific: Psychometric properties were established for 16–70 year olds. Reliability and validity are being investigated in children by Mulcahey et al.</p>

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References:

Akhavan, A., Baker, K., Cannon, G. M., Davies, B., Horton, J. A., 3rd, & Docimo, S. G. (2007). Pilot evaluation of functional questionnaire for predicting ability of patients with tetraplegia to self-catheterize after continent diversion. *J Spinal Cord Med*, 30(5), 491-496.

Marino, R. J., Shea, J. A., & Stineman, M. G. (1998). The Capabilities of Upper Extremity instrument: reliability and validity of a measure of functional limitation in tetraplegia. *Arch Phys Med Rehabil*, 79(12), 1512-1521.

Mulcahey, M. J., Hutchinson, D., & Kozin, S. (2007). Assessment of upper limb in tetraplegia: considerations in evaluation and outcomes research. *J Rehabil Res Dev*, 44(1), 91-102.

SCI-Pediatric:

Marino, R. J., & Mulcahey, M. J. (2004). Use of the Capabilities of Upper Extremity instrument to evaluate outcomes after upper extremity reconstruction in tetraplegia. *J Spinal Cord Med*, 27(Suppl 1), S125.