

A  
r  
m  
A

Arm Activity Measure

Details:

Surname.....Forename(s).....

Please indicate who completed this questionnaire.

- Completed by yourself
- Completed by your carer (a family member)
- Completed by your carer (not a family member)
- Completed by yourself and your carer (a family member) together
- Completed by yourself and your carer (not a family member) together
- Completed by yourself with the assistance of another person (not your carer)

This section of the questionnaire asks for general information about you and the person who cares for you

Yourself		The person who cares for you	
<b>Age</b>	Years	<b>Age:</b>	Years if known
<b>Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female

**My neurological medical condition is:**

- Stroke
- Traumatic Brain Injury
- Multiple Sclerosis
- Anoxic Brain Injury
- Tumour
- Other

**If other, please state** .....

Which arm is affected?  Right  Left  Both

Were you?  Right handed  Left handed  Both

**Date of completion:** DD  MM  YY  **THANK YOU**

## **Guidance for completion of the ArmA:**

**Section A** asks about ‘caring’ for your affected arm either yourself with your unaffected arm or by a carer or a combination of both of these. This section does not ask about using your affected arm to complete any of the tasks.

**Section B** asks what you can do with your affected arm or using both arms.

For each of the activities listed, please indicate (circle):

1. The amount of difficulty that you or your carer experience in doing the task, based on your activity over the last 7 days. Please estimate if you do the task but have not done so in the last 7 days (e.g. for cutting finger nails).
2. If the task is never done, but this has nothing to do with your arm or is never done with your affected arm, score 0 = No difficulty.

If you are unable to complete the questionnaire independently, you may:

- Receive assistance from a carer or professional to act as scribe
- Receive assistance from a carer or professional to facilitate understanding and completion question by question.
- A carer may complete the questionnaire on your behalf based on difficulty in performance of the tasks.

For further information, please contact:

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**In each column, please CIRCLE the amount of difficulty that you or your carer have experienced in doing the activity, over the last 7 days.**

**Activities  
(affected arm)**

**Difficulty**

0 = no difficulty  
1 = mild  
2 = moderate  
3 = severe difficulty  
4 = Unable to do activity

**Section A Caring for your affected arm (not using it in tasks or activities)**

1. Cleaning the palm of the hand	0	1	2	3	4
2. Cutting finger nails	0	1	2	3	4
3. Cleaning the armpit	0	1	2	3	4
4. Cleaning the elbow crease	0	1	2	3	4
5. Positioning arm on a cushion or support in sitting (If never done circle 0)	0	1	2	3	4
6. Putting arm through a garment sleeve	0	1	2	3	4
7. Putting on a glove (If never done circle 0)	0	1	2	3	4
8. Putting on a splint (If never done circle 0)	0	1	2	3	4

**Section B Independently completing tasks or activities using your affected arm**

1. Difficulty with balance when walking <u>due to your arm</u>	0	1	2	3	4
2. Hold an object still while using unaffected hand	0	1	2	3	4
3. Open (affected hand) a previously opened jar	0	1	2	3	4
4. Pick up a glass, bottle, or can	0	1	2	3	4
5. Drink from a cup or mug	0	1	2	3	4
6. Brush your teeth	0	1	2	3	4
7. Tuck in your shirt	0	1	2	3	4
8. Write on paper	0	1	2	3	4
9. Eat with a knife and fork	0	1	2	3	4
10. Dial a number on home phone	0	1	2	3	4
11. Do up buttons on clothing	0	1	2	3	4
12. Comb or brush your hair	0	1	2	3	4
13. Use a key to unlock the door	0	1	2	3	4

Total Score

Section A

 

Section B

 

Totalling section A and B separately produces a total score for each sub-scale of the measure.

*The sub-scales should not be combined.*

