

**FSI Focal Spasticity Index Management Form 1**

Date of injection



Surname

First Name

Gender

DOB

Age

Episode No.

RHRUCode

NHS No.

Hospital No.

Date of Onset



BTX Active

☐ Yes☐ NoPrevious  
TreatmentReason for  
Referral**Applies to:**☐ Left ☐ Right ☐ Both☐ Upper ☐ Lower ☐ Other...

(specify)

**Diagnosis**☐ Acquired Brain Injury (stroke, trauma, etc)☐ Progressive Neurological Condition☐ Spinal Cord Injury☐ Congenital - eg CP**Aetiology**☐ Trauma☐ Inflammatory / infective☐ Vascular (Infarct or haemorrhage)☐ Tumour☐ Hypoxic☐ Degenerative

Duration

Months since onset spasticity or injury

Dominant Side

☐ Right ☐ Left

Who cares for the limb (e.g. washing, dressing, hygiene)

Care

☐ The patient themselves ☐ A carer ☐ Both together**Review**

Date of Review

**Concurrent**

- ☐ Splinting
- ☐ Orthotics
- ☐ Exercise Programme
- ☐ Positioning
- ☐ Seating Modification
- ☐ Medication

**Medication Notes****Overall Response**☐ None ☐ Some ☐ Marked

**FSI Focal Spasticity Index Management Form 2**

Date of injection



First Name

Surname

Episode No.

RHRUCode

**Goals for FSI****Primary Goal**

1

- ☐ Pain / discomfort      ☐ Passive Function  
☐ Involuntary movement      ☐ Active Function  
☐ Range of movement      ☐ Mobility  
☐ Cosmesis      ☐ Facilitating therapy

Baseline

- ☐ Some      ☐ Bad as could be

Imp.

Diff.

Review (Achieved)

- ☐ Partially      ☐ As expected  
☐ Same      ☐ A little more  
☐ Worse      ☐ A lot more

**Secondary Goal**

2

- ☐ Pain / discomfort      ☐ Passive Function  
☐ Involuntary movement      ☐ Active Function  
☐ Range of movement      ☐ Mobility  
☐ Cosmesis      ☐ Facilitating therapy

Baseline

- ☐ Some      ☐ Bad as could be

Imp.

Diff.

Review (Achieved)

- ☐ Partially      ☐ As expected  
☐ Same      ☐ A little more  
☐ Worse      ☐ A lot more

3

- ☐ Pain / discomfort      ☐ Passive Function  
☐ Involuntary movement      ☐ Active Function  
☐ Range of movement      ☐ Mobility  
☐ Cosmesis      ☐ Facilitating therapy

Baseline

- ☐ Some      ☐ Bad as could be

Imp.

Diff.

Review (Achieved)

- ☐ Partially      ☐ As expected  
☐ Same      ☐ A little more  
☐ Worse      ☐ A lot more

4

- ☐ Pain / discomfort      ☐ Passive Function  
☐ Involuntary movement      ☐ Active Function  
☐ Range of movement      ☐ Mobility  
☐ Cosmesis      ☐ Facilitating therapy

Baseline

- ☐ Some      ☐ Bad as could be

Imp.

Diff.

Review (Achieved)

- ☐ Partially      ☐ As expected  
☐ Same      ☐ A little more  
☐ Worse      ☐ A lot more

**GAS Calculation**

Baseline

Achieved

Change

## Focal Spasticity Index Management Form 3

Patient First Name

Episode No.

Surname

RRUCode

### BTX Injection

Applies to:

☐ Left ☐ Right ☐ Both

Date of injection

☐ Upper ☐ Lower ☐ Other...

Injector

Consent

☐ Patient

☐ Next of Kin

☐ Injector

Muscle Identification

☐ Palpation

☐ EMG

☐ NM Stimulation

☐ Other...

(or specify)

Agent

Dilution: 500 units in:

☐ 2 ml ☐ 2.5 ml ☐ 5 ml

	L or R	Muscles Injected Name	No. of Sites Injected	Dose	Batch Number
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature.....



## Focal Spasticity Index

Patient First Name

Episode No.

Surname

RRUCode

### MEASUREMENT OF SPASTICITY

Applies to:

☐ Upper ☐ Lower ☐ Other...

☐ Left ☐ Right ☐ Both

(please specify)

Date of injection(s)



#### Baseline Assessment (Right)

##### Modified Ashworth Scale (MAS) (Tick 1)

Shoulder ☐ 0 ☐ 1 ☐ +1 ☐ 2 ☐ 3 ☐ 4 ☐ n/a  
Elbow ☐ 0 ☐ 1 ☐ +1 ☐ 2 ☐ 3 ☐ 4 ☐ n/a  
Wrist ☐ 0 ☐ 1 ☐ +1 ☐ 2 ☐ 3 ☐ 4 ☐ n/a  
Fingers ☐ 0 ☐ 1 ☐ +1 ☐ 2 ☐ 3 ☐ 4 ☐ n/a  
Thumb ☐ 0 ☐ 1 ☐ +1 ☐ 2 ☐ 3 ☐ 4 ☐ n/a  
☐ 0 ☐ 1 ☐ +1 ☐ 2 ☐ 3 ☐ 4 ☐ n/a  
Knee ☐ 0 ☐ 1 ☐ +1 ☐ 2 ☐ 3 ☐ 4 ☐ n/a  
Ankle ☐ 0 ☐ 1 ☐ +1 ☐ 2 ☐ 3 ☐ 4 ☐ n/a  
Other ☐ 0 ☐ 1 ☐ +1 ☐ 2 ☐ 3 ☐ 4 ☐ n/a

#### Baseline Assessment (Left)

##### Modified Ashworth Scale (MAS) (Tick 1)

Shoulder ☐ 0 ☐ 1 ☐ +1 ☐ 2 ☐ 3 ☐ 4 ☐ n/a  
Elbow ☐ 0 ☐ 1 ☐ +1 ☐ 2 ☐ 3 ☐ 4 ☐ n/a  
Wrist ☐ 0 ☐ 1 ☐ +1 ☐ 2 ☐ 3 ☐ 4 ☐ n/a  
Fingers ☐ 0 ☐ 1 ☐ +1 ☐ 2 ☐ 3 ☐ 4 ☐ n/a  
Thumb ☐ 0 ☐ 1 ☐ +1 ☐ 2 ☐ 3 ☐ 4 ☐ n/a  
Hip ☐ 0 ☐ 1 ☐ +1 ☐ 2 ☐ 3 ☐ 4 ☐ n/a  
Knee ☐ 0 ☐ 1 ☐ +1 ☐ 2 ☐ 3 ☐ 4 ☐ n/a  
Ankle ☐ 0 ☐ 1 ☐ +1 ☐ 2 ☐ 3 ☐ 4 ☐ n/a  
Other ☐ 0 ☐ 1 ☐ +1 ☐ 2 ☐ 3 ☐ 4 ☐ n/a

Date of Review



#### Review (Right)

##### Modified Ashworth Scale (MAS) (Tick 1)

Shoulder ☐ 0 ☐ 1 ☐ +1 ☐ 2 ☐ 3 ☐ 4 ☐ n/a  
Elbow ☐ 0 ☐ 1 ☐ +1 ☐ 2 ☐ 3 ☐ 4 ☐ n/a  
Wrist ☐ 0 ☐ 1 ☐ +1 ☐ 2 ☐ 3 ☐ 4 ☐ n/a  
Fingers ☐ 0 ☐ 1 ☐ +1 ☐ 2 ☐ 3 ☐ 4 ☐ n/a  
Thumb ☐ 0 ☐ 1 ☐ +1 ☐ 2 ☐ 3 ☐ 4 ☐ n/a  
Hip ☐ 0 ☐ 1 ☐ +1 ☐ 2 ☐ 3 ☐ 4 ☐ n/a  
Knee ☐ 0 ☐ 1 ☐ +1 ☐ 2 ☐ 3 ☐ 4 ☐ n/a  
Ankle ☐ 0 ☐ 1 ☐ +1 ☐ 2 ☐ 3 ☐ 4 ☐ n/a  
Other ☐ 0 ☐ 1 ☐ +1 ☐ 2 ☐ 3 ☐ 4 ☐ n/a

#### Review (Left)

##### Modified Ashworth Scale (MAS) (Tick 1)

Shoulder ☐ 0 ☐ 1 ☐ +1 ☐ 2 ☐ 3 ☐ 4 ☐ n/a  
Elbow ☐ 0 ☐ 1 ☐ +1 ☐ 2 ☐ 3 ☐ 4 ☐ n/a  
Wrist ☐ 0 ☐ 1 ☐ +1 ☐ 2 ☐ 3 ☐ 4 ☐ n/a  
Fingers ☐ 0 ☐ 1 ☐ +1 ☐ 2 ☐ 3 ☐ 4 ☐ n/a  
Thumb ☐ 0 ☐ 1 ☐ +1 ☐ 2 ☐ 3 ☐ 4 ☐ n/a  
Hip ☐ 0 ☐ 1 ☐ +1 ☐ 2 ☐ 3 ☐ 4 ☐ n/a  
Knee ☐ 0 ☐ 1 ☐ +1 ☐ 2 ☐ 3 ☐ 4 ☐ n/a  
Ankle ☐ 0 ☐ 1 ☐ +1 ☐ 2 ☐ 3 ☐ 4 ☐ n/a  
Other ☐ 0 ☐ 1 ☐ +1 ☐ 2 ☐ 3 ☐ 4 ☐ n/a

# NIS Neurological Impairment Scale

Patient First Name

Episode No.

Surname

RHRUCode

Applies to: ☐ Upper ☐ Lower ☐ Other...

(specify)

## Category of impairment

### Motor impairment in affected limb

- ☐ b730 - Muscle power
- ☐ b760 - Control of voluntary movement
- ☐ N/A

## Impairment Severity

### Definition of severity category

- |   |             |  |
|---|-------------|--|
| 0 | Normal      | Normal power   |
| 1 | Mild        | Mild loss of proximal motor function affecting higher motor control only |
| 2 | Significant | Significant loss of proximal motor function but some useful movement     |
| 3 | Total       | Useless - flickers or no active movement                                 |

### Baseline Severity

### Review Severity

#### Motor proximal

Ability to control hip / shoulder movement

- | Right                   | Left                    | Select severity grade | Right                   | Left                    |
|-------------------------|-------------------------|-----------------------|-------------------------|-------------------------|
| <input type="radio"/> 0 | <input type="radio"/> 0 | Normal                | <input type="radio"/> 0 | <input type="radio"/> 0 |
| <input type="radio"/> 1 | <input type="radio"/> 1 | Mild                  | <input type="radio"/> 1 | <input type="radio"/> 1 |
| <input type="radio"/> 2 | <input type="radio"/> 2 | Significant           | <input type="radio"/> 2 | <input type="radio"/> 2 |
| <input type="radio"/> 3 | <input type="radio"/> 3 | Total                 | <input type="radio"/> 3 | <input type="radio"/> 3 |

#### Motor distal

Ability to control knee, ankle, foot / elbow, wrist, hand movement

- |                         |                         |             |                         |                         |
|-------------------------|-------------------------|-------------|-------------------------|-------------------------|
| <input type="radio"/> 0 | <input type="radio"/> 0 | Normal      | <input type="radio"/> 0 | <input type="radio"/> 0 |
| <input type="radio"/> 1 | <input type="radio"/> 1 | Mild        | <input type="radio"/> 1 | <input type="radio"/> 1 |
| <input type="radio"/> 2 | <input type="radio"/> 2 | Significant | <input type="radio"/> 2 | <input type="radio"/> 2 |
| <input type="radio"/> 3 | <input type="radio"/> 3 | Total       | <input type="radio"/> 3 | <input type="radio"/> 3 |

#### Sensation in affected limb

- ☐ Somatic (eg touch) b265
- ☐ Proprioception
- ☐ Dyaesthesia b279

- |                         |                         |             |
|-------------------------|-------------------------|-------------|
| <input type="radio"/> 0 | <input type="radio"/> 0 | Normal      |
| <input type="radio"/> 1 | <input type="radio"/> 1 | Mild        |
| <input type="radio"/> 2 | <input type="radio"/> 2 | Significant |
| <input type="radio"/> 3 | <input type="radio"/> 3 | Total       |
| <input type="radio"/> U | <input type="radio"/> U | Untestable  |



## GENERALISED IMPAIRMENTS THAT MAY AFFECT FUNCTIONAL OUTCOME - Baseline

### Definition of severity category

0	Normal	No deficit
1	Mild	Mild deficit affecting high level communication only
2	Significant	Significant deficit impacting on carryover and engagement in rehabilitation
3	Total	Severe deficit effectively preventing carry-over and active engagement in rehabilitation

### Communication (Speech and Language)

Communication affects functional outcome if pt unable to understand instructions in therapy - comprehension more important than expression in this respect

- ☐ Expressive b1671    ☐ Cognitive speech b1670  
☐ Receptive b1670    ☐ Complex Presentation  
☐ Dysarthria b320

- ☐ 0 Normal  
☐ 1 Mild  
☐ 2 Significant  
☐ 3 Total  
☐ U Untestable

### Cognitive function

Cognition affects functional outcome if pt unable to attend to or remember therapy sessions or carry over instructions from one session to another

- ☐ Consciousness b110    ☐ Initiation b147  
☐ Orientation b114    ☐ Complex Presentation  
☐ Memory b144    ☐ Executive function b164  
☐ Attention b140    (e.g. insight, planning, flexible thought)

- ☐ 0 Normal  
☐ 1 Mild  
☐ 2 Significant  
☐ 3 Total  
☐ U Untestable

## OTHER IMPAIRMENTS OF SUFFICIENT SEVERITY TO IMPACT ON FUNCTIONAL USE OF LIMB OR ENGAGEMENT IN TREATMENT AND REHABILITATION

### Cortical function

- ☐ Neglect of limb b180  
☐ Visuoperceptual function b156  
☐ Dyspraxia  
☐ Untestable  
☐ Not applicable

### Definition

Reduced awareness of affected limb

Reduced ability to perceive objects in space, which impacts on functional use

Reduced ability to carry out learned complex movements

Untestable

### Emotional / behavioural

- ☐ Mood /emotional function b152  
☐ Behavioural problems d720  
☐ Pain b280  
☐ Fatigue b740  
☐ Untestable  
☐ Not applicable

### Definition

Mood disturbance eg depression, anxiety or emotional lability impacting on activities

Eg physical / verbal aggression impacting on interpersonal interaction with treating team

Pain (in the limb itself or elsewhere - eg headache) which limits activities

Physical fatigue, de-conditioning or loss of stamina

Untestable

# NIS Neurological Impairment Scale

Patient First Name

Surname

Episode No.

RRUCode

Applies to:

☐ Upper ☐ Lower ☐ Other...

(specify)

## Mobility of joints b710 (soft tissue or joint restriction)

*Underlying contracture or restricted range of movement  
non spastic component of joint restriction*

### Definition of severity category

- |   |             |  |
|---|-------------|--|
| 0 | Normal      | No soft-tissue / joint restriction                                     |
| 1 | Mild        | Mild restriction (less than 1/4 range affected)                        |
| 2 | Significant | Significant restriction limiting range, but still some useful movement |
| 3 | Total       | Severe restriction of range (3/4 or more limitation)                   |

### Baseline Severity

### Review Severity

Right

Left

Select severity grade

Right

Left

Shoulder / Hip

☐ 0

☐ 0

Normal

☐ 0

☐ 0

☐ 1

☐ 1

Mild

☐ 1

☐ 1

☐ 2

☐ 2

Significant

☐ 2

☐ 2

☐ 3

☐ 3

Total

☐ 3

☐ 3

Elbow / Knee

☐ 0

☐ 0

Normal

☐ 0

☐ 0

☐ 1

☐ 1

Mild

☐ 1

☐ 1

☐ 2

☐ 2

Significant

☐ 2

☐ 2

☐ 3

☐ 3

Total

☐ 3

☐ 3

Wrist / Ankle

☐ 0

☐ 0

Normal

☐ 0

☐ 0

☐ 1

☐ 1

Mild

☐ 1

☐ 1

☐ 2

☐ 2

Significant

☐ 2

☐ 2

☐ 3

☐ 3

Total

☐ 3

☐ 3

Hand / Foot

☐ 0

☐ 0

Normal

☐ 0

☐ 0

☐ 1

☐ 1

Mild

☐ 1

☐ 1

☐ 2

☐ 2

Significant

☐ 2

☐ 2

☐ 3

☐ 3

Total

☐ 3

☐ 3





## Focal Spasticity Assessment Form - PAIN

Patient First Name

Episode No.

Surname

RHRUCode

Applies to:

☐ Upper ☐ Lower ☐ Other...

(specify)

### The Numeric Graphic Rating Scale (NGRS)

Applies to

☐ Left ☐ Right ☐ Both

(Tick)

Date of injection(s)

Date of Review

#### PAIN - NGRS

Most severe

None at all

Baseline  
Right

Baseline  
Left

Review  
Right

Review  
Left

☐ 10

☐ 10

☐ 10

☐ 10

☐ 9

☐ 9

☐ 9

☐ 9

☐ 8

☐ 8

☐ 8

☐ 8

☐ 7

☐ 7

☐ 7

☐ 7

☐ 6

☐ 6

☐ 6

☐ 6

☐ 5

☐ 5

☐ 5

☐ 5

☐ 4

☐ 4

☐ 4

☐ 4

☐ 3

☐ 3

☐ 3

☐ 3

☐ 2

☐ 2

☐ 2

☐ 2

☐ 1

☐ 1

☐ 1

☐ 1

☐ 0

☐ 0

☐ 0

☐ 0

Comments

## Focal Spasticity Assessment Form - Facilitating Therapy

Patient First Name

Episode No.

Surname

RRUCode

Applies to: ☐ Upper ☐ Lower ☐ Other...

(specify)

### The Numeric Graphic Rating Scale (NGRS)

Applies to: ☐ Left ☐ Right ☐ Both (Tick)

Facilitating  
Therapy

-  
NGRS

Date of injection(s)

Date of Review

Baseline  
Right

Baseline  
Left

Review  
Right

Review  
Left

Most severe

None at all

☐ 10

☐ 9

☐ 8

☐ 7

☐ 6

☐ 5

☐ 4

☐ 3

☐ 2

☐ 1

☐ 0

☐ 10

☐ 9

☐ 8

☐ 7

☐ 6

☐ 5

☐ 4

☐ 3

☐ 2

☐ 1

☐ 0

☐ 10

☐ 9

☐ 8

☐ 7

☐ 6

☐ 5

☐ 4

☐ 3

☐ 2

☐ 1

☐ 0

☐ 10

☐ 9

☐ 8

☐ 7

☐ 6

☐ 5

☐ 4

☐ 3

☐ 2

☐ 1

☐ 0

Comments

## Focal Spasticity Assessment Form - Involuntary Movement

Patient First Name

Episode No.

Surname

RRUCode

Applies to:

☐ Upper ☐ Lower ☐ Other...

(specify)

### The Numeric Graphic Rating Scale (NGRS)

Applies to

☐ Left ☐ Right ☐ Both

(Tick)

#### Involuntary Movement

#### NGRS

Most severe

None at all

Date of injection(s)

Baseline  
Right

Baseline  
Left

☐ 10

☐ 9

☐ 8

☐ 7

☐ 6

☐ 5

☐ 4

☐ 3

☐ 2

☐ 1

☐ 0

☐ 10

☐ 9

☐ 8

☐ 7

☐ 6

☐ 5

☐ 4

☐ 3

☐ 2

☐ 1

☐ 0

Date of Review

Review  
Right

Review  
Left

☐ 10

☐ 9

☐ 8

☐ 7

☐ 6

☐ 5

☐ 4

☐ 3

☐ 2

☐ 1

☐ 0

☐ 10

☐ 9

☐ 8

☐ 7

☐ 6

☐ 5

☐ 4

☐ 3

☐ 2

☐ 1

☐ 0

Comments



## Focal Spasticity Assessment Form - Cosmesis

Patient First Name

Episode No.

Surname

RRUCode

Applies to:

☐ Upper ☐ Lower ☐ Other...

(specify)

### The Numeric Graphic Rating Scale (NGRS)

Applies to

☐ Left ☐ Right ☐ Both

(Tick)

Cosmesis

-  
NGRS

Date of injection(s)

Date of Review

Baseline  
Right

Baseline  
Left

Review  
Right

Review  
Left

Most severe

None at all

☐ 10

☐ 10

☐ 10

☐ 10

☐ 9

☐ 9

☐ 9

☐ 9

☐ 8

☐ 8

☐ 8

☐ 8

☐ 7

☐ 7

☐ 7

☐ 7

☐ 6

☐ 6

☐ 6

☐ 6

☐ 5

☐ 5

☐ 5

☐ 5

☐ 4

☐ 4

☐ 4

☐ 4

☐ 3

☐ 3

☐ 3

☐ 3

☐ 2

☐ 2

☐ 2

☐ 2

☐ 1

☐ 1

☐ 1

☐ 1

☐ 0

☐ 0

☐ 0

☐ 0

Comments

## Focal Spasticity Assessment Form - Ease of Care

Patient First Name

Episode No.

Surname

RRUCode

Applies to:

☐ Upper ☐ Lower ☐ Other...

(specify)

### The Numeric Graphic Rating Scale (NGRS)


Applies to

☐ Left ☐ Right ☐ Both (Tick)

Ease of Care  
-  
NGRS

Most severe

None at all



Date of injection(s)

Baseline  
Right

Baseline  
Left

☐ 10

☐ 9

☐ 8

☐ 7

☐ 6

☐ 5

☐ 4

☐ 3

☐ 2

☐ 1

☐ 0

☐ 10

☐ 9

☐ 8

☐ 7

☐ 6

☐ 5

☐ 4

☐ 3

☐ 2

☐ 1

☐ 0

Date of Review

Review  
Right

Review  
Left

☐ 10

☐ 9

☐ 8

☐ 7

☐ 6

☐ 5

☐ 4

☐ 3

☐ 2

☐ 1

☐ 0

☐ 10

☐ 9

☐ 8

☐ 7

☐ 6

☐ 5

☐ 4

☐ 3

☐ 2

☐ 1

☐ 0

Comments





## FSI Leg Activity measure (LegA)

Patient First Name

Episode No.

Surname

RHRUCode

Please indicate with a tick who completed this questionnaire

- ☐ Completed by you alone
- ☐ Completed by your carer
- ☐ Completed by you with the assistance of another person (not your carer)
- ☐ Not answered

Please indicate with a tick who cares for your affected leg (see the LEG-A items for examples of tasks)

- ☐ You
- ☐ You and your carer together
- ☐ A Family member carer
- ☐ You and another person, not your carer
- ☐ A paid carer
- ☐ Not answered
- ☐ Another person

This section of the questionnaire asks for information about you and how you do certain activities.

### Guidance for completion of the LEG A:

**Section A** asks about 'caring' for your affected leg either yourself or by a carer or a combination of both of these.

**Section B** asks what activities you can do with your affected leg.

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.
2. If the task is never done, but this has nothing to do with your leg or is never done with your affected leg, score 0 = No difficulty.

**Section C** asks what general symptoms and difficulties you are having related to your leg which impact on your life.

For these questions you will need to score the extent to which each item impacts on you in your life based on the last 7 days.

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 help you understand and complete questions.

For the passive function sub-scale, a carer may complete the questionnaire on your behalf based on difficulty in carrying out the tasks



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

*Difficulty scores - amount of difficulty*

- |   |          |                             |
|---|----------|-----------------------------|
| 0 | None     | No difficulty or Never done |
| 1 | Mild     | Mild difficulty             |
| 2 | Moderate | Moderate difficulty         |
| 3 | Severe   | Severe difficulty           |
| 4 | Unable   | Unable to do activity       |

If the activity is never done, but this has nothing to do with your leg or is never done with your affected leg, Score 0 = No difficulty

### Baseline Assessment - Section A

#### Section A: Caring for the affected leg(s) (not using it in tasks or activities) ( Tick One )

	Right	Left
1. Cleaning and washing the area between your legs	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
2. Putting on a splint (If never done circle 0)	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
3. Positioning legs in a wheelchair (If never done circle 0)	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
4. Putting your leg(s) through a trouser leg(s) (If never done circle 0)	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
5. Transfer using a hoist, including positioning sling (If never done circle 0)	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
6. Putting on underwear or continence pads	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
7. Positioning your leg(s) in bed using a positioning and / or pillow (If never done circle 0)	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
8. Cleaning behind your knee (knees)	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
9. Putting on your footwear	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4

Totals for A:  (Right)

(Left)



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

*Difficulty scores - amount of difficulty*

0	None	No difficulty or Never done
1	Mild	Mild difficulty
2	Moderate	Moderate difficulty
3	Severe	Severe difficulty
4	Unable	Unable to do activity

If the activity is never done, but this has nothing to do with your arm or is never done with your affected leg,  
Score 0 = No difficulty

## Baseline Assessment - Section B

Section B: Independently completing activities using your affected leg(s) ( Tick One )

	Right	Left
1.Turning in bed	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
2.Moving from lying to sitting	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
3.Being able to sit (including balance)	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
4.Transferring from bed to chair or wheelchair	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
5.Transferring from wheelchair to car	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
6.Moving from sitting to standing (including balance)	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
7.Standing (including balance)	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
8.Walking indoors (including balance)	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
9.Turning around (including balance)	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
10.Walking up stairs	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
11.Walking around obstacles or objects (including balance)	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
12.Walking over carpet	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
13.Walking outdoors	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
14. Walking over rough or uneven ground outdoors	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
15.Walking for half a mile or more	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4

Totals for B:  (Right)

(Left)



## Baseline Assessment - Section C

### Section C: Symptoms (impairments) and impact on your life (participation).

Difficulty scores : 0 - None 1- Mild 2-Moderate 3-Severe 4-Unable (Tick 1)

Tick here if Untestable

☐

#### Baseline

1.To what extent have you experienced pain or discomfort in your affected leg(s) or foot?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

2. To what extent have you experienced involuntary movements or leg spasms in your affected leg(s) (i.e. movements or abnormal limb postures that you can't control)?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

3.To what extent have you experienced involuntary movements or leg spasms impacting on your comfort or sleep?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

4.To what extent have you experienced restricted range of movement (due to shortening of muscles or stiffness in joints) in your affected leg(s)?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

5. To what extent is it difficult for you (or your carer) to care for your affected leg(s) (e.g. positioning leg, putting on underwear or pads, or washing between your legs)?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

6.To what extent has your affected leg(s) limited your daily activities (e.g. sitting, transferring, walking or doing stairs)?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

7.To what extent have involuntary movements or tightness of your leg(s) or foot interfered with your mobility or balance?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

8.To what extent has your affected leg(s) limited your normal activities with family, friends, neighbours or groups (e.g. social activities)?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

9. To what extent has your affected leg limited your work or other regular activities (e.g. hobbies)?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

Total for C:



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

*Difficulty scores - amount of difficulty*

0	None	No difficulty or Never done
1	Mild	Mild difficulty
2	Moderate	Moderate difficulty
3	Severe	Severe difficulty
4	Unable	Unable to do activity

If the activity is never done, but this has nothing to do with your leg or is never done with your affected leg, Score 0 = No difficulty

Review

Section A: Caring for the affected leg(s) (not using it in tasks or activities) ( Tick One )

Right

Left

1. Cleaning and washing the area between your legs	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
2. Putting on a splint (If never done circle 0)	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
3. Positioning legs in a wheelchair (If never done circle 0)	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
4. Putting your leg(s) through a trouser leg(s) (If never done circle 0)	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
5. Transfer using a hoist, including positioning sling (If never done circle 0)	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
6. Putting on underwear or continence pads	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
7. Positioning your leg(s) in bed using a positioning and / or pillow (If never done circle 0)	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
8. Cleaning behind your knee (knees)	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
9. Putting on your footwear	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4

Totals for A:  (Right)

(Left)



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

*Difficulty scores - amount of difficulty*

0	None	No difficulty or Never done
1	Mild	Mild difficulty
2	Moderate	Moderate difficulty
3	Severe	Severe difficulty
4	Unable	Unable to do activity

**Review**

**Section B: Independently completing activities using your affected leg(s) ( Tick One )**

**Right**

**Left**

1.Turning in bed

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

2.Moving from lying to sitting

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

3.Being able to sit (including balance)

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

4.Transferring from bed to chair or wheelchair

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

5.Transferring from wheelchair to car

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

6.Moving from sitting to standing (including balance)

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

7.Standing (including balance)

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

8.Walking indoors (including balance)

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

9.Turning around (including balance)

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

10.Walking up stairs

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

11.Walking around obstacles or objects (including balance)

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

12.Walking over carpet

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

13.Walking outdoors

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

14. Walking over rough or uneven ground outdoors

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

15.Walking for half a mile or more

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

Totals for B:  (Right)

(Left)



## Review Assessment - Section C

### Section C: Symptoms (impairments) and impact on your life (participation).

Difficulty scores : 0 - None 1- Mild 2-Moderate 3-Severe 4-Unable (Tick 1)

Tick here if Untestable

☐

#### Review

1.To what extent have you experienced pain or discomfort in your affected leg(s) or foot?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

2. To what extent have you experienced involuntary movements or leg spasms in your affected leg(s) (i.e. movements or abnormal limb postures that you can't control)?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

3.To what extent have you experienced involuntary movements or leg spasms impacting on your comfort or sleep?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

4.To what extent have you experienced restricted range of movement (due to shortening of muscles or stiffness in joints) in your affected leg(s)?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

5. To what extent is it difficult for you (or your carer) to care for your affected leg(s) (e.g. positioning leg, putting on underwear or pads, or washing between your legs)?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

6.To what extent has your affected leg(s) limited your daily activities (e.g. sitting, transferring, walking or doing stairs)?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

7.To what extent have involuntary movements or tightness of your leg(s) or foot interfered with your mobility or balance?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

8.To what extent has your affected leg(s) limited your normal activities with family, friends, neighbours or groups (e.g. social activities)?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

9. To what extent has your affected leg limited your work or other regular activities (e.g. hobbies)?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

Total for C:  (Review)





## FSI Arm Activity measure (ArmA)

Patient First Name

Episode No.

Surname

RHRUCode

Please indicate with a cross [X] who completed this questionnaire

- ☐ Completed by you alone
- ☐ Completed by your carer
- ☐ Completed by you with the assistance of another person (not your carer)
- ☐ Not answered

Please indicate with a cross [X] who 'cares for your affected arm (see the Arm-A items for examples of tasks)

- ☐ You
- ☐ You and your carer together
- ☐ A Family member carer
- ☐ You and another person, not your carer
- ☐ A paid carer
- ☐ Not answered
- ☐ Another person

This section of the questionnaire asks for information about you and how you do certain activities.

### Guidance for completion of the ArmA:

**Section A** asks about 'caring' for your affected arm either yourself or by a carer or a combination of both of these.

**Section B** asks what activities you can do with your affected arm.

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.
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.

**Section C** asks what general symptoms and difficulties you are having related to your arm which impact on your life.

For these questions you will need to score the extent to which each item impacts on you in your life based on the last 7 days.

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 help you understand and complete questions.

For the passive function sub-scale, a carer may complete the questionnaire on your behalf based on difficulty in carrying out the tasks



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

*Difficulty scores - amount of difficulty*

0	None	No difficulty or Never done
1	Mild	Mild difficulty
2	Moderate	Moderate difficulty
3	Severe	Severe difficulty
4	Unable	Unable to do activity

If the activity is never done, but this has nothing to do with your arm or is never done with your affected arm, **Score 0 = No difficulty**

**Baseline Assessment**

**Section A: Caring for the affected arm(s) (not using it in tasks or activities) ( Tick One )**

	<u>Right</u>	<u>Left</u>
1. Cleaning palm .....	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
2. Cutting finger nails .....	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
3. Cleaning armpit.....	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
4. Cleaning the elbow crease.....	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
5. Positioning arm on a cushion or support in sitting	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
6. Putting arm through a sleeve .....	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
7. Putting on a glove .....	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
8. Put on a splint ..... (enter 0 if not used)	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4

Totals for A:  (Right)

(Left)

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

*Difficulty scores - amount of difficulty*

0	None	No difficulty or Never done
1	Mild	Mild difficulty
2	Moderate	Moderate difficulty
3	Severe	Severe difficulty
4	Unable	Unable to do activity

If the activity is never done, but this has nothing to do with your arm or is never done with your affected arm,  
Score 0 = No difficulty

**Baseline Assessment**

**Section B: Independently completing activities using your affected arm ( Tick One )**

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

Totals for B:  (Right)

(Left)



## FSI Arm Activity measure (ArmA)

Patient First Name

Episode No.

Surname

RHRUCode

### The spasticity-related quality of life tool (SQoL-6D)

#### Baseline Assessment - Section C

Tick here if Untestable

☐

#### 1. Spasticity related pain / discomfort:

Spasticity may cause pain arising from stiffness or a cramp-like sensation in the muscles, the joints being pulled into uncomfortable positions, or the finger-nails digging into the palm.

When severe, pain may interfere with activities or cause sleep disturbance at night

- |  |  |
|--|--|
| <input type="radio"/> None             | I have no pain or discomfort   |
| <input type="radio"/> Mild             | I have mild pain or stiffness only   |
| <input type="radio"/> Moderate         | I have moderate pain, which does not interfere with my activities or sleep                   |
| <input type="radio"/> Severe           | I have severe pain, which sometimes interferes with activities or disturb my sleep           |
| <input type="radio"/> Extremely Severe | I have extremely severe pain, which frequently limits my activities and/or disturbs my sleep |

#### 2. Involuntary movements

Spasticity may result in spasms or involuntary movements. For example when walking or moving, the spastic arm may pull into a tight fist or bend at the elbow.

When severe, these involuntary movements or spasms can effectively limit normal activities

- |  |  |
|--|--|
| <input type="radio"/> None             | I have no problem with involuntary movements or spasms                                       |
| <input type="radio"/> Mild             | I have mild involuntary movements or spasms, but they do not interfere with any activities   |
| <input type="radio"/> Moderate         | I have moderate involuntary movements or spasms which interfere with high-level activities   |
| <input type="radio"/> Severe           | I have severe involuntary movements or spasms which significantly limit my normal activities |
| <input type="radio"/> Extremely Severe | I have extremely severe involuntary movements or spasms which severely limit my activities   |

#### 3. Restriction of movement:

Spasticity may restrict the range of movement in joints causing abnormal posture in the affected limb(s).

When severe, it can lead to contractures (permanent shortening of the muscles and tendons) and deformity of the bones and joints.

- |  |   |
|--|---|
| <input type="radio"/> None             | I have no restriction of movement in any of my joints   |
| <input type="radio"/> Mild             | I have mild restriction of movement, but I am able to stretch my joints out fully with assistance |
| <input type="radio"/> Moderate         | I have moderate restriction of movement, or restriction affecting just a few joints               |
| <input type="radio"/> Severe           | I have severe restriction of movement, or restriction affecting many of my joints                 |
| <input type="radio"/> Extremely Severe | I have extremely severe restriction of movement, I can barely move my affected limb at all        |



#### 4. Caring for the affected limb

Spasticity may result in difficulty caring for the affected limb. E.g , keeping the palm or armpit clean, cutting the finger-nails or dressing the limb (eg getting the arm through a sleeve or the hand in a glove). When severe, it may prevent the limb from being properly cleaned and/or dressed

<input type="radio"/> None	I have no difficulty caring for my affected limb
<input type="radio"/> Mild	I have mild difficulty caring for my limb. E.g it takes some extra time or effort to care for it.
<input type="radio"/> Moderate	I have moderate difficulty caring for my limb. E.g it takes me a long time or I need help
<input type="radio"/> Severe	I have severe difficulty, E.g despite assistance my limb is sometimes smelly or left undressed
<input type="radio"/> Extremely Severe	I have extremely severe difficulty, and am unable to keep my limb clean and dressed

#### 5. Using the affected limb in functional tasks

Spasticity may affect the ability to use the limb. For example, it may affect fine movement and dexterity to manipulate objects.

When severe, it may limit ability to reach out for, grasp, hold and release objects

<input type="radio"/> None	I am able to use my affected limb entirely normally
<input type="radio"/> Mild	I have slightly problems using my limb, but only with high level dexterity / coordination
<input type="radio"/> Moderate	I have moderate problems. This affect my ability to reach; or to grasp and release objects
<input type="radio"/> Severe	I have severe problems, but am still able to use my limb as a 'prop' to steady an object
<input type="radio"/> Extremely Severe	I am unable to use my affected limb for any purpose

#### 6. Mobility

Spasticity (even in the upper limb) may limit mobility, affecting ability walk at normal speed or for long distances; or interfering with balance producing a tendency to fall.

When severe, it may prevent the person from moving around independently

<input type="radio"/> None	I have no problems with mobility
<input type="radio"/> Mild	I have mild problems with mobility, but they do not restrict my ability to get around
<input type="radio"/> Moderate	I have moderate problems with mobility, which limit my ability to walk independently outdoors
<input type="radio"/> Severe	I have severe problems with mobility, which limit my ability to walk independently indoors
<input type="radio"/> Extremely Severe	I have extremely severe problems and require assistance even to move around indoors



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

*Difficulty scores - amount of difficulty*

0	None	No difficulty or Never done
1	Mild	Mild difficulty
2	Moderate	Moderate difficulty
3	Severe	Severe difficulty
4	Unable	Unable to do activity

If the activity is never done, but this has nothing to do with your arm or is never done with your affected arm, Score 0 = No difficulty

**Review**

**Section A: Caring for the affected arm(s) (not using it in tasks or activities) ( Tick One )**

**Right**

**Left**

1. Cleaning palm .....	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
2. Cutting finger nails .....	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
3. Cleaning armpit.....	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
4. Cleaning the elbow crease.....	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
5. Positioning arm on a cushion or support in sitting	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
6. Putting arm through a sleeve .....	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
7. Putting on a glove .....	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
8. Put on a splint ..... (enter 0 if not used)	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4

Totals for A:  (Right)

(Left)

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

*Difficulty scores - amount of difficulty*

0	None	No difficulty or Never done
1	Mild	Mild difficulty
2	Moderate	Moderate difficulty
3	Severe	Severe difficulty
4	Unable	Unable to do activity

If the activity is never done, but this has nothing to do with your arm or is never done with your affected arm,  
Score 0 = No difficulty

**Review**

**Section B: Independently completing activities using your affected arm(s) ( Tick One )**

**Right**

**Left**

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

Totals for B:  (Right)

(Left)



## FSI Arm Activity measure (ArmA)

Patient First Name

Episode No.

Surname

RHRUCode

### The spasticity-related quality of life tool (SQoL-6D)

#### Review Assessment - Section C

Tick here if Untestable

☐

#### 1. Spasticity related pain / discomfort:

Spasticity may cause pain arising from stiffness or a cramp-like sensation in the muscles, the joints being pulled into uncomfortable positions, or the finger-nails digging into the palm.

When severe, pain may interfere with activities or cause sleep disturbance at night

- |  |  |
|--|--|
| <input type="radio"/> None             | I have no pain or discomfort   |
| <input type="radio"/> Mild             | I have mild pain or stiffness only   |
| <input type="radio"/> Moderate         | I have moderate pain, which does not interfere with my activities or sleep                   |
| <input type="radio"/> Severe           | I have severe pain, which sometimes interferes with activities or disturb my sleep           |
| <input type="radio"/> Extremely Severe | I have extremely severe pain, which frequently limits my activities and/or disturbs my sleep |

#### 2. Involuntary movements

Spasticity may result in spasms or involuntary movements. For example when walking or moving, the spastic arm may pull into a tight fist or bend at the elbow.

When severe, these involuntary movements or spasms can effectively limit normal activities

- |  |  |
|--|--|
| <input type="radio"/> None             | I have no problem with involuntary movements or spasms                                       |
| <input type="radio"/> Mild             | I have mild involuntary movements or spasms, but they do not interfere with any activities   |
| <input type="radio"/> Moderate         | I have moderate involuntary movements or spasms which interfere with high-level activities   |
| <input type="radio"/> Severe           | I have severe involuntary movements or spasms which significantly limit my normal activities |
| <input type="radio"/> Extremely Severe | I have extremely severe involuntary movements or spasms which severely limit my activities   |

#### 3. Restriction of movement:

Spasticity may restrict the range of movement in joints causing abnormal posture in the affected limb(s).

When severe, it can lead to contractures (permanent shortening of the muscles and tendons) and deformity of the bones and joints.

- |  |   |
|--|---|
| <input type="radio"/> None             | I have no restriction of movement in any of my joints   |
| <input type="radio"/> Mild             | I have mild restriction of movement, but I am able to stretch my joints out fully with assistance |
| <input type="radio"/> Moderate         | I have moderate restriction of movement, or restriction affecting just a few joints               |
| <input type="radio"/> Severe           | I have severe restriction of movement, or restriction affecting many of my joints                 |
| <input type="radio"/> Extremely Severe | I have extremely severe restriction of movement, I can barely move my affected limb at all        |



#### 4. Caring for the affected limb

Spasticity may result in difficulty caring for the affected limb. E.g , keeping the palm or armpit clean, cutting the finger-nails or dressing the limb (eg getting the arm through a sleeve or the hand in a glove). When severe, it may prevent the limb from being properly cleaned and/or dressed

<input type="radio"/> None	I have no difficulty caring for my affected limb
<input type="radio"/> Mild	I have mild difficulty caring for my limb. E.g it takes some extra time or effort to care for it.
<input type="radio"/> Moderate	I have moderate difficulty caring for my limb. E.g it takes me a long time or I need help
<input type="radio"/> Severe	I have severe difficulty, E.g despite assistance my limb is sometimes smelly or left undressed
<input type="radio"/> Extremely Severe	I have extremely severe difficulty, and am unable to keep my limb clean and dressed

#### 5. Using the affected limb in functional tasks

Spasticity may affect the ability to use the limb. For example, it may affect fine movement and dexterity to manipulate objects.

When severe, it may limit ability to reach out for, grasp, hold and release objects

<input type="radio"/> None	I am able to use my affected limb entirely normally
<input type="radio"/> Mild	I have slightly problems using my limb, but only with high level dexterity / coordination
<input type="radio"/> Moderate	I have moderate problems. This affect my ability to reach; or to grasp and release objects
<input type="radio"/> Severe	I have severe problems, but am still able to use my limb as a 'prop' to steady an object
<input type="radio"/> Extremely Severe	I am unable to use my affected limb for any purpose

#### 6. Mobility

Spasticity (even in the upper limb) may limit mobility, affecting ability walk at normal speed or for long distances; or interfering with balance producing a tendency to fall.

When severe, it may prevent the person from moving around independently

<input type="radio"/> None	I have no problems with mobility
<input type="radio"/> Mild	I have mild problems with mobility, but they do not restrict my ability to get around
<input type="radio"/> Moderate	I have moderate problems with mobility, which limit my ability to walk independently outdoors
<input type="radio"/> Severe	I have severe problems with mobility, which limit my ability to walk independently indoors
<input type="radio"/> Extremely Severe	I have extremely severe problems and require assistance even to move around indoors



