

Motor Activity Log – MAL (30) Score Sheet

Name:.....

NHS/Hosp No:.....

DOB:.....

Date:.....

Therapist:.....

During the last week please rate 'how often' and 'how well' you used your affected arm in the following activities using the scoring below. If your affected arm was not used please use the codes A-E below.

		Amount Score 0-5	How Well Score 0-5	If not used why? Use code A-E or comment
1	Turn on a light with a light switch			
2	Open a drawer			
3	Remove an item of clothing from a drawer			
4	Pick up phone			
5	Wipe off a kitchen counter or other surface			
6	Get out of a car (the movement needed to go from sit to stand whilst door is open)			
7	Open refrigerator			
8	Open a door by turning the door knob/handle			
9	Use a TV remote			
10	Wash your hands (lathering and rinsing hands)			
11	Turning water on/off with knob/ lever on faucet			
12	Dry your hands			
13	Put on your socks			
14	Take off your socks			
15	Put on your shoes (includes tying shoe laces/fastening Velcro)			
16	Take off your shoes (includes untying shoe laces/Velcro)			
17	Get up from a chair with armrests			
18	Pull chair away from table before sitting down			
19	Pull chair toward table after sitting down			
20	Pick up a glass/bottle, drinking cup or can (does not include drinking from it)			
21	Brush your teeth			
22	Put on make up base, lotion or shaving cream on face			

23	Use a key to unlock a door			
24	Write on a piece of paper			
25	Carry an object in your hand (draping an item over the arm is not acceptable)			
26	Use a fork or spoon for eating			
27	Comb your hair			
28	Pick up a cup by the handle			
29	Button a shirt			
30	Eat half a sandwich or finger food			
Total Score				
Final Score = Total Score/number of tasks				

Grading Scales (note: can use 0.5 marks if inbetween scores)

Amount Scale

- 0 - Did not use my weaker arm (not used).
- 1 - Occasionally used my weaker arm, but only very rarely (very rarely).
- 2 - Sometimes used my weaker arm but did the activity most of the time with my stronger arm (rarely).
- 3 - Used my weaker arm about half as much as before the stroke (half pre-stroke).
- 4 - Used my weaker arm almost as much as before the stroke (3/4 pre-stroke).
- 5 - Used my weaker arm as often as before the stroke (same as pre-stroke).

How Well Scale

- 0 - The weaker arm was not used at all for that activity (never).
- 1 - The weaker arm was moved during that activity but was not helpful (very poor).
- 2 - The weaker arm was of some use during that activity but needed some help from the stronger arm or moved very slowly or with difficulty (poor).
- 3 - The weaker arm was used for the purpose indicated but movements were slow or were made with only some effort (fair).
- 4 - The movements made by the weaker arm were almost normal, but were not quite as fast or accurate as normal (almost normal).
- 5 - The ability to use the weaker arm for that activity was as good as before the stroke (normal).

Possible Reasons for Not Using the Weaker Arm for the Activity:

Reason A. "I used the unaffected arm entirely."

Reason B. "Someone else did it for me."

Reason C. "I never do that activity, with or without help from someone else because it is impossible." For example, combing hair for people who are bald.

Reason D. "I sometimes do that activity, but did not have the opportunity since the last time I answered these questions."

Reason E. "That is an activity that I normally did only with my dominant hand before the stroke, and continue to do with my dominant hand now."