



Arm Activity Measure

Your name

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
Age: <input type="checkbox"/> <input type="checkbox"/> Years	Age: <input type="checkbox"/> <input type="checkbox"/> Years <input type="checkbox"/> Not known
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

My neurological medical condition is:		
<input type="checkbox"/> Stroke	<input type="checkbox"/> Traumatic Brain Injury	<input type="checkbox"/> Multiple Sclerosis
<input type="checkbox"/> Anoxic Brain Injury	<input type="checkbox"/> Tumour	<input type="checkbox"/> Other
If other, please state		
Which arm is affected?	<input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Both
Were you.....?	<input type="checkbox"/> Right handed	<input type="checkbox"/> Left handed <input type="checkbox"/> Both

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

Guidance for completion of the ArMA questionnaire:

- Section A asks about ‘caring’ for you’re 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 activity, based on your activity over the last 7 days. Please estimate if you have not done the activity in the last 7 days.
2. If the task is never done, but this has nothing to do with your arm please score difficulty as 0 = No difficulty.

- If you are unable to complete the questionnaire independently you may:
 - Receive assistance from a carer or professional to either act as scribe

or

- to facilitate understanding and completion question by question.

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

In each column, please CIRCLE as appropriate

Activities (affected arm)	Difficulty				
	0	1	2	3	4
1. Cleaning palm	0	1	2	3	4
2. Cutting finger nails	0	1	2	3	4
3. Putting on a glove	0	1	2	3	4
4. Cleaning armpit	0	1	2	3	4
5. Putting arm through a sleeve	0	1	2	3	4
6. Put on a splint (If not used circle 0)	0	1	2	3	4
7. Positioning arm on a cushion or support in sitting (If not used circle 0)	0	1	2	3	4

Section B Using your affected arm to complete tasks or activities

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