

Motor Activity Log (UE MAL) Score Sheet

Amount Scale How Well Scale

- | | | | |
|---|-------|-------|--|
| 1. Turn on a light with
a light switch | _____ | _____ | if no, why? (use code) _____
Comments _____ |
| 2. Open drawer | _____ | _____ | if no, why? (use code) _____
Comments _____ |
| 3. Remove an item
of clothing from a drawer | _____ | _____ | if no, why? (use code) _____
Comments _____ |
| 4. Pick up phone | _____ | _____ | if no, why? (use code) _____
Comments _____ |
| 5. Wipe off a kitchen
counter or other surface | _____ | _____ | if no, why? (use code) _____
Comments _____ |
| 6. Get out of a car
<i>(includes only the movement needed to get
body from sitting to standing outside of the car,
once the door is open).</i> | _____ | _____ | if no, why? (use code) _____
Comments _____ |
| 7. Open refrigerator | _____ | _____ | if no, why? (use code) _____
Comments _____ |
| 8. Open a door by
turning a door knob/
handle | _____ | _____ | if no, why? (use code) _____
Comments _____ |
| 9. Use a TV remote
control | _____ | _____ | if no, why? (use code) _____
Comments _____ |
| 10. Wash your hands
<i>(includes lathering and rinsing hands; does
not include turning water on and off with a faucet handle).</i> | _____ | _____ | if no, why? (use code) _____
Comments _____ |

Codes for recording “no” responses:

1. “I used the unaffected arm entirely.” (assign “0”).
2. “Someone else did it for me.” (assign “0”).
3. “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. (assign “N/A” and drop from list of items).
4. “I sometimes do that activity, but did not have the opportunity since the last time I answered these questions.” (carry-over last assigned number for that activity).
5. Non-dominant hand hemiparesis. (only applicable to #24; assign “N/A” and drop from list of items).

UAB Training for CI Therapy

SID _____ Name _____ Date _____ Visit _____ Examiner _____

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- | | | | |
|---|-------|-------|--|
| 11. Turning water on/off
with knob/lever on faucet | _____ | _____ | if no, why? (use code) _____
Comments _____ |
| 12. Dry your hands | _____ | _____ | if no, why? (use code) _____
Comments _____ |
| 13. Put on your socks | _____ | _____ | if no, why? (use code) _____
Comments _____ |
| 14. Take off your socks | _____ | _____ | if no, why? (use code) _____
Comments _____ |
| 15. Put on your shoes
<i>(includes tying shoestrings and fastening straps)</i> | _____ | _____ | if no, why? (use code) _____
Comments _____ |
| 16. Take off your shoes
<i>(includes untying shoestrings and unfastening straps)</i> | _____ | _____ | if no, why? (use code) _____
Comments _____ |
| 17. Get up from a chair
with armrests | _____ | _____ | if no, why? (use code) _____
Comments _____ |
| 18. Pull chair away from
table before sitting down | _____ | _____ | if no, why? (use code) _____
Comments _____ |
| 19. Pull chair toward table
after sitting down | _____ | _____ | if no, why? (use code) _____
Comments _____ |
| 20. Pick up a glass, bottle,
drinking cup, or can <i>(does not need
to include drinking)</i> | _____ | _____ | if no, why? (use code) _____
Comments _____ |

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4. “I sometimes do that activity, but did not have the opportunity since the last time I answered these questions.” (carry-over last assigned number for that activity).
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- | | | |
|---|-------|--|
| 21. Brush your teeth _____
<i>(does not include preparation of toothbrush
or brushing dentures unless the dentures are brushed
while left in the mouth)</i> | _____ | if no, why? (use code) _____
Comments _____ |
| 22. Put on makeup base,
lotion, or shaving cream on face _____ | _____ | if no, why? (use code) _____
Comments _____ |
| 23. Use a key to
unlock a door _____ | _____ | if no, why? (use code) _____
Comments _____ |
| 24. Write on paper _____
<i>(If hand used to write pre-stroke is more affected,
score item; if non-writing hand pre-stroke is more affected,
drop item and assign N/A)</i> | _____ | if no, why? (use code) _____
Comments _____ |
| 25. Carry an object in
your hand <i>(draping an item over the arm
is not acceptable)</i> _____ | _____ | if no, why? (use code) _____
Comments _____ |
| 26. Use a fork or
spoon for eating <i>(refers to the action
of bringing food to the mouth with fork
or spoon)</i> _____ | _____ | if no, why? (use code) _____
Comments _____ |
| 27. Comb your hair _____ | _____ | if no, why? (use code) _____
Comments _____ |
| 28. Pick up a cup
by a handle _____ | _____ | if no, why? (use code) _____
Comments _____ |
| 29. Button a shirt _____ | _____ | if no, why? (use code) _____
Comments _____ |
| 30. Eat half a sandwich
or finger foods _____ | _____ | if no, why? (use code) _____
Comments _____ |

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Amount Scale (AS)

0 - Did not use my weaker arm (**not used**).

.5

1 - Occasionally used my weaker arm, but only very rarely (**very rarely**).

1.5

2 - Sometimes used my weaker arm but did the activity **most of the time** with my stronger arm (**rarely**).

2.5

3 - Used my weaker arm about half as much as before the stroke (**half pre-stroke**).

3.5

4 - Used my weaker arm almost as much as before the stroke (**3/4 pre-stroke**).

4.5

5 - Used my weaker arm as often as before the stroke (**same as pre-stroke**).

How Well Scale (HW)

0 - The weaker arm was not used at all for that activity
(**never**).

.5

1 - The weaker arm was moved during that activity
but was not helpful (**very poor**).

1.5

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**).

2.5

3 - The weaker arm was used for the purpose
indicated but movements were slow or were made
with only some effort (**fair**).

3.5

4 - The movements made by the weaker arm were
almost normal, but were not quite as fast or
accurate as normal (**almost normal**).

4.5

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."

Additional Items for the MAL-45

- Removing bills from a wallet
- Taking individual coins out of a pocket or purse
- Removing keys out of a pocket or purse
- Using a zipper pull
- Pouring liquid from a bottle
- Buckling a belt
- Popping top of beverage can
- Removing top from a medicine bottle
- Keypad press
- Use of keyboard/computer
- Putting on or taking off watch band
- Putting on glasses
- Pumping a soap dispenser
- Swiping a credit card or a card for an ATM
- Adjusting a home or hotel air conditioner or heater