

Motor Activity Log – Upper Extremities

Patient Name: _____ Date: _____
 Injury: _____ Surgery: _____
 Surgery Date: _____ Doctor Name: _____

Activities		Amount Used (None, Little, Some, A Lot)	How Well Used (Full, Moderate, No Range)	Comments
1.	Turn off/on a light switches			
2.	Open a can/twist open a bottle			
3.	Open a drawer			
4.	Pick up/dial a phone and text			
5.	Button a shirt			
6.	Put on pants			
7.	Put on shoes			
8.	Unlock and open a door with a doorknob			
9.	Change the TV channel			
10.	Type on a computer keyboard			
11.	Use the toilet			
12.	Brush teeth			
13.	Wash hands			
14.	Open the fridge			
15.	Use a knife and fork			
16.	Wash/dry dishes			

Additional Comments

Comments:

Goals: