

SPASTICITY SCREENING TOOL

Name: _____

Date: ____ / ____ / ____

Instructions: Please answer the following questions thinking about your muscle stiffness, tightness or spasms over the past month. If the patient cannot complete, the main carer may do so in collaboration with the patient

1. How bad is the stiffness or tightness of your muscles, either at rest, when you move, or are being moved?

- 0 I don't have stiffness or tightness 1 A little stiff or tight 2 Somewhat stiff or tight 3 Very stiff or tight 4 Extremely stiff or tight

2. How difficult is it for you to straighten, bend, or flex your limb(s) (leg[s] or arm[s]) due to stiffness or tightness in your muscles?

- 0 Not difficult at all 1 A little difficult 2 Somewhat difficult 3 Very difficult 4 I am unable to straighten, bend, or flex my limbs

3. How bad are your spasms that occur unpredictably or are caused by movement?

- 0 I don't have spasms 1 A little bad 2 Somewhat bad 3 Very bad 4 Extremely bad

4. Are any of the above stiffness, tightness, or spasms associated with pain? If so, please specify the location of the pain:

- 0 No, I don't have any pain 1 Yes, a little bit of pain 2 Yes, some pain 3 Yes, quite a bit of pain 4 Yes, a lot of pain

5. Over the past month, how often was your sleep disrupted because of stiffness, tightness, or spasms in your muscles?

- 0 Never 1 Rarely 2 Sometimes 3 Often 4 Every night

6. Over the last month, how bothersome was your muscle stiffness, tightness or spasms?

- 0 Not bothersome at all 1 A little bothersome 2 Somewhat bothersome 3 Very bothersome 4 Extremely bothersome

UPPER LIMB SPECIFIC

7. How bad is your hand clenching on its own?

- 0 I don't have any hand clenching 1 It clenches a little 2 It clenches somewhat 3 It clenches quite a bit 4 It clenches all the way

8. How difficult is it for you or your caregiver to clean the palm of your hand or between the fingers due to the tightness or clenching of the thumb, fingers, or hand?

- 0 Not difficult at all 1 A little difficult 2 Somewhat difficult 3 Very difficult 4 Extremely difficult

9. How difficult is it for you or your caregiver to clean your armpit due to stiffness or tightness in your arm?

- 0 Not difficult at all 1 A little difficult 2 Somewhat difficult 3 Very difficult 4 Extremely difficult

10. How difficult is it for you or your caregiver to put your arm through the sleeve of your coat or shirt due to stiffness or tightness in your arm?

- 0 Not difficult at all 1 A little difficult 2 Somewhat difficult 3 Very difficult 4 Extremely difficult

LOWER LIMB SPECIFIC

11. How bad is your foot and/or toes pulling in, curling, or otherwise getting stuck on their own when you try to move?

- 0 My foot and/or toes do not pull in, curl, stick up or get stuck on their own 1 A little bad 2 Somewhat bad 3 Very bad 4 Extremely bad

12. How difficult is it to walk or move your leg(s) due to stiffness or tightness in your leg(s)?

- 0 Not difficult at all 1 A little difficult 2 Somewhat difficult 3 Very difficult 4 I am unable to walk or move my legs

13. How difficult is it for you or your caregiver to put on your shoes due to stiffness or tightness in your leg(s) or feet?

- 0 Not difficult at all 1 A little difficult 2 Somewhat difficult 3 Very difficult 4 Extremely difficult

Score ____ / ____