



PATIENT REPORTED IMPACT OF SPASTICITY MEASURE

The following questions are about your experience of abnormal muscle control or involuntary muscle movement. Different people have different terms they use for abnormal muscle control and involuntary muscle movement. Some of these terms are:

- Spasticity
- Muscle stiffness (tone)
- Spasms
- Clonus (bouncing)
- When muscles don't cooperate together like they're supposed to
- When trying to move one part of the body causes another part to move also

By circling or marking one of the numbers in the boxes on the right, please indicate how well each of the following statements applies to your experience during the **PAST WEEK**.

Over the PAST WEEK, my abnormal muscle control or involuntary muscle movement:	Never true for me	Rarely true for me	Sometimes true for me	Often true for me	Very often true for me
1. Made me anxious about going out in public.	0	1	2	3	4
2. Bothered me a lot.	0	1	2	3	4
3. Made grooming (hair, teeth) difficult for me or my attendant.	0	1	2	3	4
4. Made me need someone to reposition me.	0	1	2	3	4
5. Helped me keep my muscles exercised.	0	1	2	3	4
6. Made me need more treatment than I could afford.	0	1	2	3	4
7. Kept me from going out among strangers.	0	1	2	3	4
8. Caused me to feel hopeless.	0	1	2	3	4
9. Made me feel out of control of my body.	0	1	2	3	4

Over the PAST WEEK, my abnormal muscle control or involuntary muscle movement:	Never true for me	Rarely true for me	Sometimes true for me	Often true for me	Very often true for me
10. Made dressing difficult for me or my attendant.	0	1	2	3	4
11. Kept me from being as happy as I could be.	0	1	2	3	4
12. Caused me to depend on others.	0	1	2	3	4
13. Helped me stretch my muscles.	0	1	2	3	4
14. Caused me to increase the amount of prescription medication I took.	0	1	2	3	4
15. Kept me from wanting to go out in public.	0	1	2	3	4
16. Made me feel frustrated.	0	1	2	3	4
17. Made personal hygiene (e.g. toileting, cleaning) difficult for me or my attendant.	0	1	2	3	4
18. Made me want to find alternative, non-medical therapies.	0	1	2	3	4
19. Made me anxious about going out with friends.	0	1	2	3	4
20. Caused me to need safety devices (bed rails, foot loop).	0	1	2	3	4
21. Made eating or feeding difficult for me or my attendant.	0	1	2	3	4
22. Interfered with romantic relationship.	0	1	2	3	4
23. Made me feel powerless.	0	1	2	3	4
24. Caused me embarrassment.	0	1	2	3	4
25. Made me want encouragement or emotional support from friends and family.	0	1	2	3	4
26. Interfered with sexual activity.	0	1	2	3	4
27. Caused strangers to notice me.	0	1	2	3	4
28. Helped with transfers (e.g. from chair to bed).	0	1	2	3	4
29. Caused me to avoid physical contact with other people.	0	1	2	3	4

Over the PAST WEEK, my abnormal muscle control or involuntary muscle movement:	Never true for me	Rarely true for me	Sometimes true for me	Often true for me	Very often true for me
30. Caused me to use over-the-counter medications.	0	1	2	3	4
31. Caused others to avoid touching me.	0	1	2	3	4
32. Put me in a bad mood.	0	1	2	3	4
33. Helped me or my attendant change my position.	0	1	2	3	4
34. Made me feel depressed.	0	1	2	3	4
35. Interfered with my ability to exercise.	0	1	2	3	4
36. Drastically changed the position of my body.	0	1	2	3	4
37. Made me fearful that I would cause myself physical injury.	0	1	2	3	4
38. Made transfers hard for me or my attendant.	0	1	2	3	4
39. Caused strangers to stare at me.	0	1	2	3	4
40. Kept me from going out with friends.	0	1	2	3	4
41. Made it hard to keep my arms or legs inside my chair.	0	1	2	3	4