

3.4 If patient cannot movement by the other causes excluded stroke or paralysis for exp. Problem about tendon or muscle please describe \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3.5 Muscle Atrophy (If yes, please describe: Severe, Moderate or Mild)

Assessment

	Right		Left	
	none	yes	none	yes
Arms	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/> _____
Leg	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/> _____

3.6 Gait disorder

- Normal  Hemiplegic gait (use walker)  Gait Ataxia  cannot walk  
 Other \_\_\_\_\_

3.7 Speech disorder

- Normal  Dysarthria  Stuttering  Dysprosody  Phonemes  Muteness  Apraxia of speech  
 Other \_\_\_\_\_

3.8 Swallow Diet  Aspiration oral feed  Normal

3.9 Activity Daily life

Activity	Good	Fairly	None
Eat			
Bath			
Dressing			
Urinate			
Stool			

3.10 Prognosis of disease or other useful advice \_\_\_\_\_

\_\_\_\_\_

3.11 The ability of work

- Ability of work  Disability of work ; percentile of loss Arm \_\_\_\_\_% Leg \_\_\_\_\_%

3.12 What was the cause of disability

- Illness  Accident when was the date of onset?(DD/MM/YY) \_\_\_\_\_