

WOLF MOTOR FUNCTION TEST™

1. Participant's Study ID: _____

3. Evaluation Date: ____/____/____
Month Day Year

4. Evaluator's Initials: ____
First/Last

	Arm tested:	More-affected: R / L	Less-affected: R / L
	Task Comment	Time	Functional Ability
1.	Forearm to table (side)	_____	0 1 2 3 4 5 _____
2.	Forearm to box (side)	_____	0 1 2 3 4 5 _____
3.	Extend elbow (side)	_____	0 1 2 3 4 5 _____
4.	Extend elbow (weight)	_____	0 1 2 3 4 5 _____
5.	Hand to table (front)	_____	0 1 2 3 4 5 _____
6.	Hand to box (front)	_____	0 1 2 3 4 5 _____
7.	Weight to box	_____, _____, _____ lbs.	_____, _____, _____ lbs.
8.	Reach and retrieve	_____	0 1 2 3 4 5 _____
9.	Lift can	_____	0 1 2 3 4 5 _____
10.	Lift pencil	_____	0 1 2 3 4 5 _____
11.	Lift paper clip	_____	0 1 2 3 4 5 _____
12.	Stack checkers	_____	0 1 2 3 4 5 _____
13.	Flip cards	_____	0 1 2 3 4 5 _____
14.	Grip strength	_____, _____, _____ kgs.	_____, _____, _____ kgs
15.	Turn key in lock	_____	0 1 2 3 4 5 _____
16.	Fold towel	_____	0 1 2 3 4 5 _____
17.	Lift basket	_____	0 1 2 3 4 5 _____