

The Minnesota Activity Measure (MAM)

Please provide the following information about your two most favorite/important activities (sports, hobbies, etc).

Favorite/Most Important Activity

Q1 What is this activity?

Prior to Your Injury

Q2 Prior to your injury:

A How long would you normally participate in this activity?

|_|_| Hours per Time

B On average how many days a week would you participate in this activity?

|_| Days per Week

Current Time

Q3 Do you still engage in this sport or activity?

1 Yes

2 No

Q4 How much is your ability to participate in this activity limited by your injury?

0 1 2 3 4 5 6 7 8 9 10
None Completely

If None (0) (Go to Q6 – top of next column)

If Limited (1-10) continue with Q5

Q5 What is the primary reason you are limited in this sport or activity anymore?

1 Your Injury

2 Other Reason - *Describe:*

Second Most Important Activity

Q6 What is this activity?

Prior to Your Injury

Q7 Prior to your injury:

A How long would you normally participate in this activity?

|_|_| Hours per Time

B On average how many days a week would you participate in this activity?

|_| Days per Week

Current Time

Q8 Do you still engage in this sport or activity?

1 Yes

2 No

Q9 How much is your ability to participate in this activity limited by your injury?

0 1 2 3 4 5 6 7 8 9 10
None Completely

If None (0) you are finished

If Limited (1-10) continue with Q10

Q10 What is the primary reason you are limited in this sport or activity anymore?

1 Your Injury

2 Other Reason - *Describe:*
