



PART 1 Mobility Impairment Stage (Check off one box for each row, considering the past week)

	0 NO DIFFICULTY	1 MILD	2 MODERATE	3 SEVERE	4 DEPENDENT
INDEPENDENCE IN MOBILITY Ability to walk and complete sit-to-stand transitions:	Without any supervision or assistance <input type="checkbox"/>	With occasional cueing or guiding <input type="checkbox"/>	With frequent cueing or guiding or rare assistance <input type="checkbox"/>	Occasionally or often requires assistance <input type="checkbox"/>	Dependent on assistance or wheelchair for mobility <input type="checkbox"/>
MOBILITY PERFORMANCE Ability to move around:	Freely in the outdoor environment <input type="checkbox"/>	Freely explores whole indoor environment (e.g. travels 50m without stopping) <input type="checkbox"/>	Short distances within the indoor environment (e.g. travels 15m with/without stops) <input type="checkbox"/>	Within their room <input type="checkbox"/>	Unable to move independently around their environment <input type="checkbox"/>

	0W	1W	2W	3W
WHEELCHAIR MOBILITY PERFORMANCE Ability to move around in wheelchair:	Freely in the outdoor environment <input type="checkbox"/>	Freely throughout the indoor environment <input type="checkbox"/>	Short distances within the indoor environment <input type="checkbox"/>	Within their room <input type="checkbox"/>

For individuals who are able to move independently by self-propelled or electric wheelchair

PART 2 On page 2

OVERALL MOBILITY RATING (Complete by circling overall score after assessing both parts 1 and 2)

Part **1** Mobility Impairment Rating: + Part **2** Modifiers of Mobility Impairment Rating: = Overall Mobility Rating (circle)

Select the highest score in part 1 or the wheelchair modifier score if rated

0	1	2	3	4
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Modifier **0W 1W 2W 3W**

Follow the scoring instructions on page 2

A	B	C
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0	1A	1B	1C	W
	2A	2B	2C	W
	3A	3B	3C	W
	4A	4B	4C	

Date of assessment: ____ / ____ / ____

Person performing assessment: _____ Signature: _____



PART 2 **Modifiers of Mobility Impairment** (consider the past week for each row except falls history)

	A MINIMAL IMPACT ON MOBILITY	B MODERATE IMPACT ON MOBILITY	C SIGNIFICANT IMPACT ON MOBILITY
FALLS HISTORY (within 3 months)	<ul style="list-style-type: none"> No falls <input type="checkbox"/> 	<ul style="list-style-type: none"> One or two falls <input type="checkbox"/> 	<ul style="list-style-type: none"> Recurrent falling <input type="checkbox"/>
PAIN	<ul style="list-style-type: none"> Moves without discomfort <input type="checkbox"/> 	<ul style="list-style-type: none"> Moves with some discomfort Grimaces when moving or being moved <input type="checkbox"/> 	<ul style="list-style-type: none"> Moves with significant discomfort Resists or avoids moving due to pain <input type="checkbox"/>
AGITATION	<ul style="list-style-type: none"> Moves around calmly Sits and positively engages in activities Exhibits little to no distress Or symptoms do not impact mobility <input type="checkbox"/> 	<ul style="list-style-type: none"> Paces or searches environment Can be restless when sitting or in bed Has moments when anxious or distressed <input type="checkbox"/> 	<ul style="list-style-type: none"> Moves rapidly through the environment Unable to sit restfully for more than a few moments Exhibits anxiety, fear, anger, or aggression towards others <input type="checkbox"/>
IMPULSIVITY	<ul style="list-style-type: none"> Does not move impulsively Usually considers need for safety when moving <input type="checkbox"/> 	<ul style="list-style-type: none"> Occasionally moves impulsively or rushes with little consideration for safety <input type="checkbox"/> 	<ul style="list-style-type: none"> Often moves impulsively Often rushes or performs risky activities with no consideration for safety <input type="checkbox"/>
VISUOSPATIAL ABILITIES	<ul style="list-style-type: none"> No or minimal visual impairment or neglect Able to visually navigate the environment <input type="checkbox"/> 	<ul style="list-style-type: none"> Some visual impairment or neglect Occasionally misjudges distances or bumps into obstacles <input type="checkbox"/> 	<ul style="list-style-type: none"> Significant visual impairment or neglect Unable to safely navigate the environment with vision <input type="checkbox"/>

Score for individuals with a part 1 rating of 1, 2, or 3 only:

POSTURAL CONTROL	<ul style="list-style-type: none"> Stands erect or nearly erect Able to recover from loss of balance within one or two steps <input type="checkbox"/> 	<ul style="list-style-type: none"> Moderately stooped or leaning Sometimes reacts to loss of balance but not consistent Sometimes appears dizzy or sways when standing <input type="checkbox"/> 	<ul style="list-style-type: none"> Significantly stooped or leaning Poor response to loss of balance Has episodes of dropping suddenly from standing <input type="checkbox"/>
GAIT	<ul style="list-style-type: none"> Walks steadily and fluidly with a normal pattern and rhythm Good balance when walking or turning <input type="checkbox"/> 	<ul style="list-style-type: none"> Some loss of usual walking pattern and rhythm Some imbalance when walking or turning <input type="checkbox"/> 	<ul style="list-style-type: none"> Abnormal walking pattern and rhythm Loses balance when turning Parkinsonian gait <input type="checkbox"/>
ABILITY TO USE MOBILITY AID(S)	<ul style="list-style-type: none"> No aid required or uses aid appropriately <input type="checkbox"/> 	<ul style="list-style-type: none"> Uses aid appropriately but inconsistently <input type="checkbox"/> 	<ul style="list-style-type: none"> Uses aid inappropriately or refuses to use prescribed aid Aid a hazard at times <input type="checkbox"/>

Scoring Part 2:

If 2+ factors score C, overall score is C

If 2+ factors score B or B+C, overall score is B

If neither of above criteria are met, overall score is A

OVERALL SCORE → Return to page 1 to complete