

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

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

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

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

Follow the scoring instructions on page 2

|   |   |   |
|---|---|---|
| A | B | C |
|---|---|---|

|   |    |    |    |   |
|---|----|----|----|---|
| 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)

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

Do not score if impairment stage 4

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

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