

FORM 14.1 Functional Mobility Self-Rating Questionnaire

Client name: _____ Trainer name: _____ Date: _____

Instructions: Examine the list of activities below. Circle the number to the left of the activity that corresponds to how you can or would be able to do the activity.

2: You can do the activity with **no trouble**.

1: You would have **some trouble** doing the activity.

0: You would have **lots of trouble** doing the activity, could not do the activity, would have pain, or would not do the activity.

If you circle a score of 1 or 0, then circle the letters in the column to the right of the activity that would most apply (choose no more than two).

S: Strength—you do not feel strong enough; it would be very hard.

D: Dynamic stability—your joints don't feel stable reacting to the movement, or you have trouble with balance (feel unsteady).

F: Flexibility—you lack enough flexibility or range of motion; you can't bend or reach far enough.

M: Motor mechanics—the coordination would be difficult, or you might have to change the movements to complete the activity.

Domain	Mobility score	Activity	Reason for the trouble
Up and down activities: lower body focus	2 1 0	a. Getting in or out of a car	S D F M
	2 1 0	b. Stepping on or off a bus	S D F M
	2 1 0	c. Putting on socks from a seated position	S D F M
	2 1 0	d. Taking the stairs	S D F M
	2 1 0	e. Up and down activities (gardening, squatting down to pick something up)	S D F M
	2 1 0	f. Getting up off of the floor	S D F M
	2 1 0	g. Recreational activities involving changes in position and posture (golf, curling, dancing)	S D F M
	2 1 0	h. Activities demanding lower body muscular work (lower body exercises with weights or resistance, more than 12 repetitions of a leg exercise)	S D F M
Domain subtotal score:			