Parent Proxy Mobility

Please respond to each question or statement by marking one box per row.

	In the past 7 days...	**With no trouble**	**With a little trouble**	**With some trouble**	**With a lot of trouble**	**Not able to do**
Pf3mobil2r	My child could get into bed by himself/herself	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
Pf3mobil12r	My child could walk across the room	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
Pf4mobil10r	My child could bend over to pick something up	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
Pf4mobil2r	My child could get in and out of a car.....	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
Pf3mobil9r	My child could get up from the floor	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
Pf3mobil3r	My child could stand up without help.....	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
Pf1mobil3r	My child could do sports and exercise that other kids his/her age could do.....	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
Pf2mobil4r	My child could walk up stairs without holding on to anything.....	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
Pf4mobil3r	My child could walk more than one block	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
Pf2mobil7r	My child could stand up on his/her tiptoes	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
Pf2mobil6r	My child could get up from a regular toilet.....	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1

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	In the past 7 days...	With no trouble	With a little trouble	With some trouble	With a lot of trouble	Not able to do
Pf1mobil5r	My child could get down on his/her knees without holding on to something.....	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
Pf3mobil8r	My child could move his/her legs	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
Pf4mobil6r	My child could get out of bed by himself/herself.....	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
Pf1mobil2r	My child could ride a bike.....	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
Pf4mobil4r	My child could keep up when he/she played with other kids	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
Pf1mobil6r	My child could go up one step	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
Pf4mobil9r	My child could carry his/her books in a backpack.....	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
Pf2mobil1r	My child could run a mile	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
Pf1mobil1r	My child has been physically able to do the activities he/she enjoys most	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
Pf3mobil10r	My child could turn his/her head all the way to the side.....	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
	In the past 7 days...	**Never**	**Almost Never**	**Sometimes**	**Often**	**Almost Always**
Pf4mobil7r2	My child used a wheelchair to get around.....	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
Pf3mobil5r2	My child used a walker, cane or crutches to get around.....	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1

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