Parent Proxy Mobility – Short Form 8a

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**
Pf1mobil3r	My child could do sports and exercise that other kids his/her age could do.....	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
Pf3mobil9r	My child could get up from the floor	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
Pf4mobil4r	My child could keep up when he/she played with other kids	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
Pf3mobil8r	My child could move his/her legs	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
Pf3mobil3r	My child could stand up without help.....	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
Pf2mobil7r	My child could stand up on his/her tiptoes	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
Pf2mobil4r	My child could walk up stairs without holding on to anything.....	☐ 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

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