

MobQuest28

Version 1.5 (English version)

MobQues28

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Mobility Questionnaire (MobQues47)

for children

Version 1.5

This questionnaire is about your child

Are you filling in this questionnaire for your **son** or your **daughter**?
(please place a cross in the appropriate box)

son

daughter

What is his/her date of birth?

day		month		year			

On which **date** did you fill in this questionnaire?

day		month		year			

Who filled in this questionnaire?

mother

father

someone else, namely

Instructions

This questionnaire is about the daily activities of your child

- please place a cross to indicate how much **difficulty** your child had with each activity during the past week
- please cross "**impossible without help**" if your child requires assistance from others with the activity (e.g. parent/carer)
- we would like to know how your child **normally** performs the activity, possibly **with the use of aids**, e.g. a walker, splints or holding onto the wall
- please cross only **one box** per activity

Examples

	not difficult at all	slightly difficult	somewhat difficult	very difficult	impossible without help
• If you place a cross in the first box	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

then you are indicating that the activity was '**not difficult at all**' for your child. Your child may have used aids (e.g. a walker, splints, or holding onto the wall).

	not difficult at all	slightly difficult	somewhat difficult	very difficult	impossible without help
• If you place a cross in the third box	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

then you are indicating that the activity was '**somewhat difficult**' for your child. Your child may have used aids (e.g. a walker, splints, or holding onto the wall).

	not difficult at all	slightly difficult	somewhat difficult	very difficult	impossible without help
• If you place a cross in the last box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

then you are indicating that the activity was '**impossible without help**' for your child. Therefore, your child required assistance from someone else.

Please **do not** place any crosses **outside the boxes**.

Part I: Indoor activities

Which of these **aids** does your child use **indoors**?
(more than one answer possible)

- splints
- elbow crutches
- four-legged walking stick
- walker
- manual wheelchair
- electric wheelchair
- other aids, namely
- no aids

QUESTION:

How **difficult** was it for your child to ...

	not difficult at all	slightly difficult	somewhat difficult	very difficult	impossible without help
1. walk indoors at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. stand still at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. sit down on a chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. get up from a chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. walk to and from the toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. walk bare foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. stand still bare foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 8. bend down to the floor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. get up off the floor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. sit on a stool | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. get out of the shower | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. walk up stairs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. walk up stairs with something in his/her hands | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. walk down stairs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. walk down stairs with something in his/her hands | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part II: Outdoor activities

Which of these **aids** does your child use **outdoors**?
(more than one answer possible)

- splints
- elbow crutches
- four-legged walking stick
- walker
- tricycle
- bicycle with training wheels
- manual wheelchair
- electric wheelchair
- other aids, namely
- no aids

QUESTION:

How **difficult** was it for your child to ...

	not difficult at all	slightly difficult	somewhat difficult	very difficult	impossible without help
16. walk outdoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. stand still outdoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. get out of the car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. walk on a flat surface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. walk for a quarter of an hour outdoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. walk on asphalt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. walk on grass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. walk over 'obstacles' such as curbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. kick a ball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. run	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. run on asphalt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. run on grass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. run on sand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you very much for filling in this questionnaire!

If you have any **comments**, please feel free to write them here below ...
