<u>GMFCS Family Report Questionnaire:</u> <u>Children Aged 2 to 4 Years</u>

Please read the following and mark **only one box** beside the description that best represents your child's movement abilities.

My child	
	Has difficulty controlling head and trunk posture in most positions and uses specially adapted seating to sit comfortably and has to be lifted by another person to move about
	Can sit on own when placed on the floor and can move within a room and uses hands for support to maintain sitting balance and usually uses adaptive equipment for sitting and standing and moves by rolling, creeping on stomach or crawling
	Can sit on own and walk short distances with a walking aid (such as a walker, rollator, crutches, canes, etc.) and may need help from an adult for steering and turning when walking with an aid and usually sits on floor in a "W-sitting" position and may need help from an adult to get into sitting and may pull to stand and cruise short distances and prefers to move by creeping and crawling
	Can sit on own and usually moves by walking with a walking aid and may have difficulty with sitting balance when using both hands to play and can get in and out of sitting positions on own and can pull to stand and cruise holding onto furniture and can crawl, but prefers to move by walking
	Can sit on own and moves by walking without a walking aid and is able to balance in sitting when using both hands to play and can move in and out of sitting and standing positions without help from an adult and prefers to move by walking

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