**GMFCS Family Report Questionnaire:**
*Children Aged 2 to 4 Years*

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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