## GMFCS-E\&R Self Report Questionnaire:

## for Young People Aged 12-18 Years

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

## I...

Have difficulty sitting on my own and controlling my head and body posture in most positions
and have difficulty achieving any voluntary control of movement
and need a specially adapted chair to sit comfortably and be transported anywhere and have to be lifted or hoisted by another person or special equipment to move

Can sit on my own but do not stand or walk without significant support and therefore always rely on wheelchair when outdoors
and can achieve self-mobility using a powered wheelchair
and can crawl or roll to a limited extent to move around indoors

Can stand on my own and only walk using a walking aid (such as a walker, rollator, crutches, canes, etc.)
and find it difficult to climb stairs, or walk on uneven surfaces without support and use a variety of means to move around depending on the circumstances and prefer to use a wheelchair to travel quickly or over longer distances

Can walk on my own without using walking aids, but need to hold the handrail when going up or down stairs and therefore walk in most settings and often find it difficult to walk on uneven surfaces, slopes or in crowds and may occasionally prefer to use a walking aid (such as a cane or crutch) or a wheelchair to travel quickly or over longer distances

## $\square$

Can walk on my own without using walking aids, and can go up or down stairs without needing to hold the handrail
and walk wherever I want to go (including uneven surfaces, slopes or in crowds) and can run and jump although my speed, balance, and coordination may be limited
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