GMFCS Family Report Questionnaire: 
Children Aged 6 to 12 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 sitting on their own and controlling their head and body posture in most positions
   and has difficulty achieving any voluntary control of movement
   and needs a specially supportive chair to sit comfortably
   and has to be lifted or hoisted by another person to move

☐ Can sit on their own but does not stand or walk without significant support
   and therefore relies mostly on wheelchair at home, school and in the community
   and often needs extra body / trunk support to improve arm and hand function
   and may achieve self-mobility using a powered wheelchair

☐ Can stand on their own and only walks using a walking aid (such as a walker, rollator, crutches, canes, etc.)
   and finds it difficult to climb stairs, or walk on uneven surfaces
   and may use a wheelchair when travelling for long distances or in crowds

☐ Can walk on their own without using walking aids, but needs to hold the handrail when going up or down stairs
   and often finds it difficult to walk on uneven surfaces, slopes or in crowds

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

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