GMFCS-E&R Family 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 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 adapted chair to sit comfortably and be transported anywhere
  and has to be lifted or hoisted by another person or special equipment to move

☐ Can sit with some pelvic and trunk support but does not stand or walk without significant support
  and therefore always relies 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 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 without support
  and uses a variety of means to move around depending on the circumstances
  and prefers to use a wheelchair to travel quickly or over longer distances

☐ Can walk on their own without using walking aids, but needs to hold the handrail when going up or down stairs
  and therefore walks in most settings
  and often finds 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

☐ 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 limited

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