**GMFCS Family Report Questionnaire: Children Aged 4 to 6 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 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 adult supervision**
  - and may need extra body / trunk support to improve arm and hand function
  - and usually needs adult assistance to get in and out of a chair
  - and may achieve self-mobility using a powered wheelchair or is transported in the community

- **Can walk on their own using a walking aid** (such as a walker, rollator, crutches, canes, etc.)
  - and can usually get in and out of a chair without adult assistance
  - and may use a wheelchair when travelling long distances or outside
  - and finds it difficult to climb stairs or walk on an uneven surface without considerable help

- **Can walk on their own without using a walking aid, but has difficulty walking long distances or on uneven surfaces**
  - and can sit in a normal adult chair and use both hands freely
  - and can move from the floor to standing without adult assistance
  - and needs to hold the handrail when going up or down stairs
  - and is not yet able to run and jump

- **Can walk on their own without using a walking aid, including fairly long distances, outdoors and on uneven surfaces**
  - and can move from the floor or a chair to standing without using their hands for support
  - and can go up and down stairs without needing to hold the handrail
  - and is beginning to run and jump

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