

MOBILITY ASSESSMENT

This worksheet will help you describe how you get around and any trouble you are having with walking. Answering the questions below will help you talk with your doctor and help your doctor understand how your trouble with mobility has affected your everyday activities.

Please check all that apply:

- I live by myself.
 - I need to walk more than 15 feet, or up steps, to get into my home.
 - I need to use a cane, a walker or the walls and furniture to move around my home and/or neighborhood without falling.
 - Because of mobility problems, I rely on others to help me get groceries, go to the doctors, or do other errands.
 - I don't go out of my house very much because I am afraid I might fall or have trouble walking.
 - I have fallen at least one time in the past six months.
 - Because of my mobility problem, I have missed meals or medical appointments.
 - I have cut down on going to church and visiting people because I can't get around as well as I used to.
 - I have gained weight or worry my health is not as good as it was because I cannot get around well as I would like.
 - I can't get around as well as I would like because (check all that apply):
 - I get dizzy or lightheaded
 - I can't breathe or I get out of breath if I walk too far or too fast
 - My body/legs feel too weak or too tired
 - I am too tired
 - I can't see that well
 - I am afraid I will fall
 - My balance is not good
 - I have pain or stiffness
 - Other: please explain
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