

Functional Mobility Assessment – Family Centered version (FMA-FC) Beta Version - 6

DIRECTIONS:

Please answer the following 10 questions by **circling the words** (completely agree, mostly agree, etc.) or circling the percent of agreement (100%, 80%, etc.) that best matches your child's ability to function in his/her wheelchair. All examples may not apply to your child, and there may be tasks you perform that are not listed. **Mark each question only one time.**

What percent of time does your child use the following means of mobility each day: Crawling _____% Walking _____% Cane _____% Walker _____% Stroller _____% Manual wheelchair _____% Scooter _____% Power wheelchair _____%

1 My child's current means of mobility allows our family to <u>participate in</u> our daily routines as independently, safely and as easily as possible: (e.g., tasks we want to do, need to do, are required to do- when and where needed)	Completely Agree	Mostly Agree	Slightly Agree	*Slightly Disagree	*Mostly Disagree	*Completely Disagree	Does not apply
	100%	80%	60%	40%	20%	0%	

Optional Comments:

2 My child's current means of mobility meets his/her <u>comfort needs</u>: (e.g., pain free, no heat/moisture build up, no irritation/soreness)	Completely Agree	Mostly Agree	Slightly Agree	*Slightly Disagree	*Mostly Disagree	*Completely Disagree	Does not apply
	100%	80%	60%	40%	20%	0%	

Optional Comments:

3 My child's current means of mobility meets his/her <u>postural support needs</u>: (e.g., good support for breathing, maintains sitting balance while completing activities, holds best posture possible)	Completely Agree	Mostly Agree	Slightly Agree	*Slightly Disagree	*Mostly Disagree	*Completely Disagree	Does not apply
	100%	80%	60%	40%	20%	0%	

Optional Comments:

4 My child's current means of mobility allows for <u>managing daily supplies</u>: (e.g., Medical – communication device and switches, ventilator, oxygen, suction, catheter tubing) (e.g., Personal – computer, braces, phone, lunch, etc.)	Completely Agree	Mostly Agree	Slightly Agree	*Slightly Disagree	*Mostly Disagree	*Completely Disagree	Does not apply
	100%	80%	60%	40%	20%	0%	

Optional Comments:

5 My child's current means of mobility allows for <u>access and completion of tasks at different surface heights</u> as independently, safely and easily as possible: (e.g., get under desks, tables, counters, floors, shelves)	Completely Agree	Mostly Agree	Slightly Agree	*Slightly Disagree	*Mostly Disagree	*Completely Disagree	Does not apply
	100%	80%	60%	40%	20%	0%	

Optional Comments:

6 My child's current means of mobility allows for <u>ease of transfers either with or without help</u> from one surface to another as independently, safely and easily as possible: (e.g., bed, toilet, chair)	Completely Agree	Mostly Agree	Slightly Agree	*Slightly Disagree	*Mostly Disagree	*Completely Disagree	Does not apply
	100%	80%	60%	40%	20%	0%	

Optional Comments:

7 My child's current means of mobility allows for <u>completion of personal care tasks easily</u>: (e.g., dressing, toileting care, eating, washing, brushing teeth)	Completely Agree	Mostly Agree	Slightly Agree	*Slightly Disagree	*Mostly Disagree	*Completely Disagree	Does not apply
	100%	80%	60%	40%	20%	0%	

Optional Comments:

8 My child's current means of mobility allows for <u>movement freely and easily around our environment indoors AND outdoors</u>: (e.g., indoors = home, school, mall, restaurants) (e.g., outdoors = playgrounds, uneven surfaces, grass, gravel, ramps, obstacles)	Completely Agree	Mostly Agree	Slightly Agree	*Slightly Disagree	*Mostly Disagree	*Completely Disagree	Does not apply
	100%	80%	60%	40%	20%	0%	

Optional Comments:

9 My child's current means of mobility allows for <u>independence from family/caregiver for social activities</u>: (e.g., socialization, access to social media, playing with friends)	Completely Agree	Mostly Agree	Slightly Agree	*Slightly Disagree	*Mostly Disagree	*Completely Disagree	Does not apply
	100%	80%	60%	40%	20%	0%	

Optional Comments:

10 My child's current means of mobility allows for <u>use of either school, personal or public transportation</u> as safely and easily as possible: (e.g., secure, fold and store, ride)	Completely Agree	Mostly Agree	Slightly Agree	*Slightly Disagree	*Mostly Disagree	*Completely Disagree	Does not apply
	100%	80%	60%	40%	20%	0%	

Optional Comments: