

GMFCS Family Report Questionnaire:
Children Aged 6 to 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 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
