

AM-PAC Generic Outpatient Basic Mobility Short Form

**Boston University AM-PAC™
Generic Basic Mobility Outpatient Short Form**

Please check the box that reflects your (the patient's) best answer to each question.

| How much difficulty do you currently have... | Unable | A Lot | A Little | None |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. Bending over from a standing position to pick up a piece of clothing from the floor without holding onto anything? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 2. Standing up from a low, soft couch? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 3. Taking a 1-mile brisk walk, without stopping to rest? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 4. Running for 5 minutes on even surfaces? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 5. Walking several blocks? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 6. Walking up and down steep unpaved inclines (e.g., steep gravel driveway)? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 7. Running a short distance, such as to catch a bus? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 8. Carrying something in both arms while climbing a flight of stairs (e.g., laundry)? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 9. Going up and down a flight of stairs outside, without using a handrail? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 10. Making sharp turns when running fast? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 11. Taking part in strenuous activities (e.g., running 3 miles, swimming half mile, etc.)? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 12. Standing up from an armless straight chair (e.g., dining room chair)? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 13. Walking on an uneven surface (e.g., grass, dirt road or sidewalk, brick walkways, sidewalks with curb and driveways cuts)? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 14. Walking around one floor of their home, taking into consideration thresholds, doors, furniture, and a variety of floor coverings? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 15. Doing light housework (e.g., dusting, minor sweeping)? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 16. Moving up in bed (e.g., reposition self)? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 17. Getting into and out of a car/taxi (sedan)? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 18. Cleaning up spills on the floor with a mop? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

Raw Score: _____

CMS 0-100% Score: _____

Standardized Score: _____

CMS Modifier: _____