Pregnancy Mobility Index

Name _____ **Date of Birth** _____ **Today's Date**_____

Height _____ **ft.** _____ **in.** **Weight**_____**lbs**.

Today, do you or would you have any difficulty at all with: (check one box on each line) Please provide an answer for each activity.	No problems performing this task.	Some effort performing this task.	Much effort performing this task.	Performing this task is impossible or only possible with the aid of others.
Daily Mobility in the House				
1. Standing up from a hard chair.	☐	☐	☐	☐
2. Standing up from a soft chair.	☐	☐	☐	☐
3. Standing up from the bed.	☐	☐	☐	☐
4. Getting things from the floor.	☐	☐	☐	☐
5. Putting on shoes.	☐	☐	☐	☐
6. Turning around in bed.	☐	☐	☐	☐
7. Standing up from the floor.	☐	☐	☐	☐
8. Vacuum cleaning.	☐	☐	☐	☐
9. Doing laundry.	☐	☐	☐	☐
10. Hanging wash to dry.	☐	☐	☐	☐
11. Working on the knees.	☐	☐	☐	☐
12. Sitting in squatted position.	☐	☐	☐	☐
13. Working standing up.	☐	☐	☐	☐
14. Lifting **10** pounds (**5** kilograms).	☐	☐	☐	☐
15. Lifting **20** pounds (**10** kilograms).	☐	☐	☐	☐
16. Walking stairs.	☐	☐	☐	☐
Mobility Outdoors				
1. Traveling by train.	☐	☐	☐	☐
2. Traveling by car.	☐	☐	☐	☐
3. Traveling by bicycle.	☐	☐	☐	☐
4. Traveling by bus.	☐	☐	☐	☐
5. Walking **160** feet (**50** meters).	☐	☐	☐	☐
6. Walking **650** feet (**200** meters).	☐	☐	☐	☐
7. Walking **1640** feet (**500** meters).	☐	☐	☐	☐
8. Walking on uneven areas.	☐	☐	☐	☐
SCORE: 0				