

Confidence-Baseline

Instructions: Please circle the level of confidence you have for doing each activity today.	Fully confident in my ability to perform	Very confident	Moderate confidence	Some confidence	Not confident in my ability to perform	Not applicable
1. Lying flat	1	2	3	4	5	9
2. Rolling over	1	2	3	4	5	9
3. Moving-lying to sitting	1	2	3	4	5	9
4. Sitting	1	2	3	4	5	9
5. Squatting	1	2	3	4	5	9
6. Bending/stooping	1	2	3	4	5	9
7. Balancing	1	2	3	4	5	9
8. Kneeling	1	2	3	4	5	9
9. Standing	1	2	3	4	5	9
10. Walking-short distance	1	2	3	4	5	9
11. Walking-long distance	1	2	3	4	5	9
12. Walking-outdoors	1	2	3	4	5	9
13. Climbing stairs	1	2	3	4	5	9
14. Hopping	1	2	3	4	5	9
15. Jumping	1	2	3	4	5	9
16. Running	1	2	3	4	5	9
17. Pushing	1	2	3	4	5	9
18. Pulling	1	2	3	4	5	9
19. Reaching	1	2	3	4	5	9
20. Grasping	1	2	3	4	5	9
21. Lifting	1	2	3	4	5	9
22. Carrying	1	2	3	4	5	9

Patient Name: _____

Date: _____

(10-16)

(1-9)

(16-22)

Mobility: Walking & Moving

Changing & Maintaining Body Position

Carrying, Moving, Handling Objects

G8978 CURRENT

G8981 CURRENT

G8984 CURRENT

G8979 GOAL

G8982 GOAL

G8985 GOAL

G8980 D/C

G8983 D/C

G8986 D/C

CH 0% Impaired

CJ 20%-40%

CL 60% - 80%

CN 100% Impaired

CI 1% - 20%

CK 40%-60%

CM 80%-100%