

Date: _____

Name: _____

Number: _____

Boston University AM-PAC™
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: _____

Note: Use the AM-PAC Basic Mobility Outpatient Short Form Conversion Table to convert raw scores.

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