

**GMFCS Family Report Questionnaire:**  
**Children Aged 6 to 12 Years**

Please read the following and mark **only one box** beside the description that best represents your child's movement abilities.

My child...

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**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

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**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

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**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

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**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

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**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

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