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## Prosthetic Mobility Questionnaire

Over the past week, please rate your ability to do the following activities when using your prosthesis.

	Unable	High Difficulty	Moderate Difficulty	Little Difficulty	No Problems
	0	1	2	3	4
1. To walk indoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. To walk in confined spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. To walk upstairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. To walk downstairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. To walk up a steep hill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. To walk down a steep hill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. To walk on sidewalks and streets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. To get in and out of a car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. To sit down and get up from a common chair without armrests*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. To sit down and get up from a low, soft chair (e.g. a deep sofa)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. To run a block	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. To walk up to two hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Total Score:**

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\*Firm seat surface, approximately 100% of lower leg length (i.e. starting with thighs horizontal).

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## **Interpretation**

The total score is a rescaled “Meas100” score on a 0-100 interval where 0 = least mobile and 100 = most mobile.

### ***Minimally Clinically Important Difference (MCID)***

### ***Minimal Detectable Change (MDC)***

None

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## **Selected References**

1. Franchignoni F, Monticone M, Giordano A, et al. Rasch validation of the Prosthetic Mobility Questionnaire: A new outcome measure for assessing mobility in people with lower limb amputation. *J Rehabil Med*. 2015;47(5):460-465. doi:10.2340/16501977-1954
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