Rivermead Mobility Index

Date :

Use this measure to capture your current level of mobility.
Please mark the answer that is applicable to you.

Items receive a score of 0 for a "No" response and 1 for a "Yes" response.	YES	NO
Turning over in bed: Do you turn over from your back to your side without help?	☐	◯
Lying to sitting: From lying in bed, do you get up to sit on the edge of the bed on your own?	☐	◯
Sitting balance: Do you sit on the edge of the bed without holding on for 10 seconds?	☐	◯
Sitting to standing: Do you stand up from any chair in less than 15 seconds and stand there for 15 seconds, using hands and/or an aid if necessary?	☐	◯
Standing unsupported: (Ask to stand) Observe standing for 10 seconds without any aid	☐	◯
Transfer: Do you manage to move from bed to chair and back without any help?	☐	◯
Walking inside: (with an aid if necessary): Do you walk 10 meters, with an aid if necessary, but with no standby help?	☐	◯
Stairs: Do you manage a flight of stairs without help?	☐	◯
Walking outside: (even ground): Do you walk around outside, on pavements, without help?	☐	◯
Picking up off floor: Do you manage to walk five meters, pick something up from the floor, and then walk back without help?	☐	◯
Walking outside: (uneven ground): Do you walk over uneven ground (grass, gravel, snow, ice etc) without help?	☐	◯
Walking inside: (with no aid): Do you walk 10 meters inside, with no caliper, splint, or other aid (including furniture or walls) without help?	☐	◯
Bathing: Do you get into/out of a bath or shower and to wash yourself unsupervised and without help?	☐	◯
Up and down four steps: Do you manage to go up and down four steps with no rail, but using an aid if necessary?	☐	◯
Running: Do you run 10 meters without limping in four seconds (fast walk, not limping, is acceptable)?	☐	◯
TOTAL SCORE OUT OF 15		