

Name _____ Date _____

Pregnancy Mobility Index

We are interested in knowing whether you are having any difficulty at all with the activities listed below because of your problem for which you are currently seeking attention.

Please provide an answer for each activity.

Today, do you or would you have any difficulty at all with: (circle one number on each line)

	No problem performing this task	Some effort performing this task	Much effort performing this task	Performing this task is impossible or only possible with the aid of others
Daily Mobility				
1 Standing up from a hard chair	0	1	2	3
2 Standing up from a soft chair	0	1	2	3
3 Standing up from the bed	0	1	2	3
4 Getting things from the floor	0	1	2	3
5 Putting on shoes	0	1	2	3
6 Turning around in bed	0	1	2	3
7 Standing up from the floor	0	1	2	3
Household Activities				
8 Vacuum cleaning	0	1	2	3
9 Doing laundry	0	1	2	3
10 Hanging wash to dry	0	1	2	3
11 Working on the knees	0	1	2	3
12 Sitting in squatted position	0	1	2	3
13 Working standing up	0	1	2	3
14 Lifting 10 pounds (5 kilograms)	0	1	2	3
15 Lifting 20 pounds (10 kilograms)	0	1	2	3
16 Walking stairs	0	1	2	3
Mobility Outdoors				
1 Traveling by train	0	1	2	3
2 Traveling by Car	0	1	2	3
3 Traveling by bicycle	0	1	2	3
4 Traveling by bus	0	1	2	3
5 Walking 160 feet (53 yards)	0	1	2	3
6 Walking 650 feet (1/2 lap on a track)	0	1	2	3
7 Walking 1640 feet (1 1/4 track laps)	0	1	2	3
8 Walking on uneven areas	0	1	2	3

Score:

Daily Mobility: Section average (0-3)

Household Activities: Section average (0-3)

Mobility Outdoors: Section average (0-3)

Reference: The influence of psychosocial factors on pregnancy related pelvic symptoms - Geerte van de Pol