Gait Analysis Questionnaire

Name: ______________________________________   Age: ________________
Primary Care Physician: ____________________________________________________________
Orthopedic Surgeon:_______________________________________________________________
Rehab Physician:__________________________________________________________________

Please answer the following questions below as completely as possible as they apply to your situation. The information that we obtain from this questionnaire will expedite the process while you here.

1. What is your/ your child’s main problem or concern with walking?_______________________
______________________________________________________________________________
2. What caused the problem?_____________________________________________________
3. How long has your walking been a problem?_______________________________________
4. Have there been any recent changes in the way you/your child walks? ____________________
_______________________________________________________________________________
5. At what age did you/ your child start walking?_______________________________________
6. Have you/ your child had any of the following interventions? By whom? Date? Outcome?
   a. surgery___________________________________________________________________
   b. injections (Botox, Phenol)___________________________________________________
   c. other______________________________________________________________________
7. Has your/ your child’s endurance increased/ decreased over the past year?
8. Do you/ your child ever fall?_____ How much/ how often?_______________________________
10. Do you/your child use any of the following: How much are these used?
    ____wheelchair     ____cane
    ____walker     ____shoe inserts
    ____crutches     ____braces
11. What medications are you/your child taking?___________________________________________
12. Do you have any other significant medical problems?
   _____Intellectual impairment: Minimal/ Moderate/ Severe
   _____Seizures
   _____Behavior problems or attention deficits
   _____Heart problems
   _____Vision and/or Hearing Problems
   _____Respiratory problems (asthma, BPD)
   _____Oral Motor Problems (speech, drooling)
   _____Other: ________________________________________________

13. Who is your/ your child’s physical therapist? Address:

   ___________________________________________________________________
   ___________________________________________________________________

14. Is there anything else we should know about you/ your child that may help us prepare for and complete this study?

   ___________________________________________________________________

15. What do you hope to gain from this consultation? What are your goals?

   ___________________________________________________________________

16. Functional Mobility Scale: Please rate the child’s walking ability for each of the distances listed below. Please write in the space provided, the number that best describes the child’s ability or need for assistance at each of the distances listed.

   1 – Uses a wheelchair, stroller of buggy; may stand for transfers and may do some stepping supported by another person of using the walker/frame
   2 – Uses K-Walker of other walking frame without help from another person
   3 – Uses 2 crutches or 2 sticks without help from another person
   4 – Uses 1 crutch of 2 sticks without help from another person
   5 – Independent on level surfaces; does not use walking aids or need help from another person. If uses furniture, walls, fences, shop fronts for support, please use 4 as the appropriate description
   6 – Independent on all surfaces; does not use any walking aids or need any help from another person when walking, running, climbing and climbing stairs

<table>
<thead>
<tr>
<th>Walking Distance</th>
<th>Rating 1-6</th>
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<tbody>
<tr>
<td>Walking 5 meters – in a bedroom or other room</td>
<td></td>
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<tr>
<td>Walking 50 meters – at school, in the classroom and playground</td>
<td></td>
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<tr>
<td>Walking 500 meters – in shopping malls, streets</td>
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