

# GOAL

## Gait Outcomes Assessment List

### Parent Version

Study ID: \_\_\_\_\_  
 REB #: \_\_\_\_\_  
 Event: \_\_\_\_\_  
*Completed by research team*

1. We are trying to learn more about how your child walks and what is important to you about their mobility.
2. Please read the instructions on each page carefully.
3. Please answer all questions by circling the number and checking the box that fits best.
4. You may choose to add more items that are important to you at the end of the questionnaire.

For example:

A) Activities of Daily Living & Independence								LEVEL of ASSISTANCE				IMPORTANCE of GOAL				
Consider how your child <u>usually</u> performs each of the following activities. 1) Rate how <b>easy or difficult</b> it was for your child to perform each of these activities in the <b>past 4 weeks</b> ; AND 2) Choose how much <b>assistance</b> your child required to help them perform these activities; AND 3) Select <b>how important a goal</b> it is for you to have your child improve in each of the following activities.								TOTAL	MODERATE	MINIMAL OR SUPERVISED	INDEPENDENT	Not a goal	Not very important	Fairly important	Very important	Extremely important
During the past 4 weeks:	Extremely Difficult / Impossible	Very Difficult	Difficult	Slightly Difficult	Easy	Very Easy	No problem at all									
1. Getting in and out of bed	0	1	2	3	4	5	6	0	1	2	3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

In the above example, **getting in and out of bed** was rated as **very easy**; required a **moderate level of assistance**; & improving this is a **very important** goal.

B) Gait Function & Mobility								WALKING AID REQUIRED					IMPORTANCE of GOAL				
Consider how your child <u>usually</u> performs each of the following activities. 1) Rate how <b>easy or difficult</b> it was for your child to perform each of these activities in the <b>past 4 weeks</b> ; AND 2) Choose what <b>walking aid</b> your child required to help them perform these activities; AND 3) Select <b>how important a goal</b> it is for you to have your child improve in each of the following activities.								WHEELCHAIR	WALKER	TWO CANES OR CRUTCHES	ONE CANE / CRUTCH HAND SUPPORT	INDEPENDENT	Not a goal	Not very important	Fairly important	Very important	Extremely important
During the past 4 weeks:	Extremely Difficult / Impossible	Very Difficult	Difficult	Slightly Difficult	Easy	Very Easy	No problem at all										
11. Walking for more than 250 meters (about 2 blocks or 2 football fields)	0	1	2	3	4	5	6	0	1	2	3	4	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the above example, **walking for 250 meters** was rated as **extremely difficult**; done with the aid of a **walker**; & improving this activity is a **fairly important** goal.

Relationship to Patient: \_\_\_\_\_

Date of Completion (dd/mm/yyyy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

A) Activities of Daily Living & Independence								LEVEL of ASSISTANCE				IMPORTANCE of GOAL				
Consider how your child <b>usually</b> performs each of the following activities. 1) Rate how <b>easy or difficult</b> it was for your child to perform each of these activities in the <b>past 4 weeks</b> ; <b>AND</b> 2) Choose how much <b>assistance</b> your child required to help them perform these activities; <b>AND</b> 3) Select <b>how important a goal</b> it is for you to have your child improve in each of the following activities.								TOTAL	MODERATE	MINIMAL OR SUPERVISED	INDEPENDENT	Not a goal	Not very important	Fairly important	Very important	Extremely important
During the past 4 weeks:	Extremely Difficult / Impossible	Very Difficult	Difficult	Slightly Difficult	Easy	Very Easy	No problem at all									
1. Getting in and out of bed	0	1	2	3	4	5	6	0	1	2	3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Getting in and out of a chair (or wheelchair)	0	1	2	3	4	5	6	0	1	2	3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Standing at a sink or counter	0	1	2	3	4	5	6	0	1	2	3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Washing/bathing his/her self (eg. shower or tub)	0	1	2	3	4	5	6	0	1	2	3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Getting dressed	0	1	2	3	4	5	6	0	1	2	3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Carrying an object while walking (eg. toy, book, cell or mobile phone)	0	1	2	3	4	5	6	0	1	2	3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Opening a door	0	1	2	3	4	5	6	0	1	2	3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Picking up an object off the floor	0	1	2	3	4	5	6	0	1	2	3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Getting in and out of a vehicle (eg. car, van or bus)	0	1	2	3	4	5	6	0	1	2	3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>B) Gait Function &amp; Mobility</b>								<b>WALKING AID REQUIRED</b>					<b>IMPORTANCE of GOAL</b>				
Consider how your child <u>usually</u> performs each of the following activities. 1) Rate how <b>easy</b> or <b>difficult</b> it was for your child to perform each of these activities in the <b>past 4 weeks</b> ; <b>AND</b> 2) Choose what <b>walking aid</b> your child required to help them perform these activities; <b>AND</b> 3) Select <b>how important a goal</b> it is for you to have your child improve in each of the following activities.								WHEELCHAIR	WALKER	TWO CANES OR CRUTCHES	ONE CANE /CRUTCH/HAND SUPPORT/ RAILING OR WALL	INDEPENDENT	Not a goal	Not very important	Fairly important	Very important	Extremely important
During the past 4 weeks:	<i>Extremely Difficult / Impossible</i>	<i>Very Difficult</i>	<i>Difficult</i>	<i>Slightly Difficult</i>	<i>Easy</i>	<i>Very Easy</i>	<i>No problem at all</i>										
10. Walking for more than 250 meters (around 2 blocks or 2 football fields)	0	1	2	3	4	5	6	0	1	2	3	4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Getting around at school (indoors)	0	1	2	3	4	5	6	0	1	2	3	4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Getting around at home	0	1	2	3	4	5	6	0	1	2	3	4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Walking for more than 15 minutes	0	1	2	3	4	5	6	0	1	2	3	4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Walking faster than usual to keep up with others	0	1	2	3	4	5	6	0	1	2	3	4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Stepping around or avoiding obstacles	0	1	2	3	4	5	6	0	1	2	3	4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Going up and down stairs	0	1	2	3	4	5	6	0	1	2	3	4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Going up and down slopes	0	1	2	3	4	5	6	0	1	2	3	4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Walking on uneven ground (rough, rocky, sandy)	0	1	2	3	4	5	6	0	1	2	3	4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Walking on slippery surfaces (wet or icy)	0	1	2	3	4	5	6	0	1	2	3	4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>C) Pain / Discomfort / Fatigue</b>							<b>INTENSITY</b>				<b>IMPORTANCE of GOAL</b>				
Consider each of the following items. 1) Rate how <b>often</b> your child experienced pain or discomfort or tiredness in the <b>past 4 weeks</b> ; <b>AND</b> 2) Choose how <b>severe</b> the pain or discomfort was; <b>AND</b> 3) Select <b>how important a goal</b> it is for you to reduce your child's pain or discomfort or tiredness in each of the following.							<b>SEVERE</b>	<b>MODERATE</b>	<b>MILD</b>	<b>NONE</b>	<b>Not a goal</b>	<b>Not very important</b>	<b>Fairly important</b>	<b>Very important</b>	<b>Extremely important</b>
<b>During the past 4 weeks:</b>	<i>Every Day</i>	<i>Very Often (nearly every day)</i>	<i>Fairly Often (2 to 3 times a week)</i>	<i>A Few Times (once a week)</i>	<i>Once or Twice</i>	<i>None of the Time</i>									
20. Pain or discomfort in the feet or ankles	0	1	2	3	4	5	0	1	2	3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Pain or discomfort in the knees	0	1	2	3	4	5	0	1	2	3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Pain or discomfort in the thighs or hips	0	1	2	3	4	5	0	1	2	3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Pain or discomfort in the back	0	1	2	3	4	5	0	1	2	3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Feeling tired while walking	0	1	2	3	4	5	0	1	2	3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Feeling tired during any other physical activities that he/she usually enjoys (eg. swimming, running, horseback riding or other sport)	0	1	2	3	4	5	0	1	2	3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other pain:	0	1	2	3	4	5	0	1	2	3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

D) Physical Activities, Games & Recreation									IMPORTANCE of GOAL				
Consider how your child <b>usually</b> performs each of the following activities. 1) Rate how <b>easy or difficult</b> it was for your child to typically perform each of these activities in the <b>past year</b> ; <b>AND</b> 2) Select <b>how important a goal</b> it is for you to have your child improve in each of the following activities.													
During the past year:	<i>Extremely Difficult / Impossible</i>	<i>Very Difficult</i>	<i>Difficult</i>	<i>Slightly Difficult</i>	<i>Easy</i>	<i>Very Easy</i>	<i>No problem at all</i>	My child did not have the chance to do this activity in the past year	Not a goal	Not very important	Fairly important	Very important	Extremely important
26. Running	0	1	2	3	4	5	6	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Participating in gliding sports (eg. skating, rollerblading, skiing, skate/snowboarding)	0	1	2	3	4	5	6	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Riding a bike or tricycle (with or without training wheels)	0	1	2	3	4	5	6	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Swimming	0	1	2	3	4	5	6	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. Participating in sports that require running (eg. soccer, baseball, football, track)	0	1	2	3	4	5	6	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. Participating in sports that require jumping (eg. basketball, volleyball)	0	1	2	3	4	5	6	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. Participating in dance or martial arts (eg. karate, judo, taekwondo)	0	1	2	3	4	5	6	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. Climbing (eg. ladder or playground equipment)	0	1	2	3	4	5	6	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other recreational or sporting activity: _____	0	1	2	3	4	5	6	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>E) Gait Appearance</b>								<b>IMPORTANCE of GOAL</b>				
Consider how your child <b>usually</b> walks. 1) Rate how <b>much of a problem</b> your child experienced with each of the following in the <b>past 4 weeks</b> ; <b>AND</b> 2) Select <b>how important a goal</b> it is for you to have your child improve in each of the following.												
<b>During the past 4 weeks:</b>	<i>Extremely Difficult / Impossible</i>	<i>Very Difficult</i>	<i>Difficult</i>	<i>Slightly Difficult</i>	<i>Easy</i>	<i>Very Easy</i>	<i>No problem at all</i>	<b>Not a goal</b>	<b>Not very important</b>	<b>Fairly important</b>	<b>Very important</b>	<b>Extremely important</b>
34. Walking with his/her feet flat on the ground	0	1	2	3	4	5	6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. Walking taller or more upright (less crouched or bent at the knees)	0	1	2	3	4	5	6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. Walking with his/her feet pointing straight ahead	0	1	2	3	4	5	6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. Walking without dragging his/her feet	0	1	2	3	4	5	6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. Walking without tripping and falling	0	1	2	3	4	5	6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. Wearing footwear of his/her choice (eg. shoes, boots, sandals)	0	1	2	3	4	5	6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other aspect of your child's walking:	0	1	2	3	4	5	6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

F) Use of Braces and Assistive Devices						IMPORTANCE of GOAL						
Consider each of the following items. 1) Rate how <b>you felt</b> about your child using each of the following in the <b>past 4 weeks</b> ; AND 2) Select <b>how important a goal</b> it is for you to have your child to reduce or eliminate their use of these devices.						Not a goal	Not very important	Fairly important	Very important	Extremely important		
During the <b>past 4 weeks</b> :	<i>Very Unhappy</i>	<i>Unhappy</i>	<i>Neither Happy nor Unhappy</i>	<i>Happy</i>	<i>Very Happy</i>							
40. Wearing braces or orthotics (eg. AFO)	0	1	2	3	4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	My child has not been prescribed to use braces, lifts or orthotics.
											<input type="checkbox"/>	My child chooses not to use his/her prescribed braces, lifts or orthotics.
41. Using a walking aide (eg. walker, stick, cane, crutches)	0	1	2	3	4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	My child does not use any walking aides.
42. Using a wheelchair	0	1	2	3	4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	My child does not use a wheelchair.

G) Body Image & Self-Esteem						IMPORTANCE of GOAL						
Consider each of the following items. 1) Rate how <b>your child feels</b> about each of the following in the <b>past 4 weeks</b> ; AND 2) Select <b>how important a goal</b> it is for you to have your child improve in each of the following.						Not a goal	Not very important	Fairly important	Very important	Extremely important		
During the <b>past 4 weeks</b> :	<i>Very Unhappy</i>	<i>Unhappy</i>	<i>Neither Happy nor Unhappy</i>	<i>Happy</i>	<i>Very Happy</i>							
43. The shape and position of his/her legs	0	1	2	3	4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
44. The shape and position of his/her feet	0	1	2	3	4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
45. The symmetry of his/her legs (in length and size)	0	1	2	3	4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
46. The way he/she gets around compared with others	0	1	2	3	4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
47. The way others feel about how he/she gets around	0	1	2	3	4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
48. How he/she is treated by others	0	1	2	3	4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		

Other Goals	IMPORTANCE of GOAL				
<p>If there are any other goals (long or short term) that we have missed, please list them below <b>AND</b> Select <b>how important a goal</b> it is for you to have your child improve in each.</p>					
Other Goals:	Not a goal	Not very important	Fairly important	Very important	Extremely important
1.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Comments &amp; Suggestions</b>					

**Thank You**