



New Hanover Regional  
Medical Center

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

DOB: \_\_\_\_\_ MR#: \_\_\_\_\_

Acct#: \_\_\_\_\_

**ACTIVITY MEASURE - POST ACUTE CARE™ (AM-PAC)**  
**BASIC MOBILITY OUTPATIENT SHORT FORM version 05.07.001**

Please check the box that reflects your (the patient's) best answer to each question.

	Unable	A Lot	A Little	None
<b>How much difficulty do you currently have</b>				
1. Bending over from a standing position to pick up a piece of clothing from the floor without holding onto anything?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
2. Standing up from a low, soft couch?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
3. Taking a 1-mile brisk walk, without stopping to rest?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
4. Running for 5 minutes on even surfaces?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
5. Walking several blocks?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
6. Walking up and down steep unpaved inclines (e.g., steep gravel driveway)?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
7. Running a short distance, such as to catch a bus?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
8. Carrying something in both arms while climbing a flight of stairs (e.g., laundry)?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
9. Going up and down a flight of stairs outside, without using a handrail?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
10. Making sharp turns when running fast?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
11. Taking part in strenuous activities (e.g., running 3 miles, swimming half mile, etc.)?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
12. Standing up from an armless straight chair (e.g., dining room chair)?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
13. Walking on an uneven surface (e.g., grass, dirt road or sidewalk, brick walkways, sidewalks with curb and driveway cuts)?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
14. Walking around one floor of your home, taking into consideration thresholds, doors, furniture, and a variety of floor coverings?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
15. Doing light housework (e.g., dusting, minor sweeping)?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
16. Moving up in bed (e.g. reposition self)?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
17. Getting into and out of a car/taxi (sedan)?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
18. Cleaning up spills on the floor with a mop?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

Raw Score: \_\_\_\_\_

**Standardized Score:** \_\_\_\_\_

© 2007, Trustees of Boston University, under license to CREcare, LLC. All rights reserved.

This AM-PAC Outpatient Form may be used only until May 1, 2010 at the licensed clinical site and subject to the AM-PAC Outpatient Forms License. All other reproduction, distribution or use without permission is prohibited. www.crecares.com



\*0198\*

RH-137 (4/09 v.2)