

Appendix C

Assessment Tool

Greater Sudbury Transit Physical Mobility Assessment Tool

Applicant's name: _____ Phone number: _____

Date of assessment: _____

How did applicant arrive at assessment? _____

Optional: Is the physical mobility issue caused by: ☐ Disease: if so is it ☐ Stable or ☐ Degenerative

☐ CVA ☐ Other _____

Please check (√) all mobility aids currently used at home or in the community. Please circle the one brought to the assessment.

☐ Cane ☐ Crutches ☐ Walker ☐ Rollator ☐ Oxygen ☐ Guide/Therapy Dog

☐ Scooter ☐ Prosthesis; Lower Limb(s) ☐ Manual Wheelchair ☐ Power Wheelchair

Brace: ☐ Neck ☐ Back ☐ Leg/Knee ☐ No Aids Used

☐ Other: _____ How long have you been using this mobility device? _____

Did you use anything else before that? _____

Scale: 0 = No difficulty

1 = Minimal difficulty, no observable physical impairment

2 = Visible physical impairment; mildly altered gait, minor SOB, slight limp, physical ability may minimally decrease within task

3 = Visible physical impairment; able to complete task with evident exertion, moderately impaired balance, physical ability may moderately decrease within task

4 = Visible physical impairment; significantly difficult to complete; physical ability may significantly decrease within task

5 = Unable to complete due to physical limitations

	Mobility Aid Used (identify)	Difficulty Walking	Difficulty Breathing	Difficulty Standing	Describe any gait issues	Time to Complete	# of Stops
Walk to assessment							
Return to waiting area							
Walk ____ metres, max 175 m							

Notes:

Applicant's name: _____

Timed Up and Go: ☐ Without mobility aid (preferred) ☐ With mobility aid

☐ ≤ 19 seconds ☐ 20 - 29 seconds ☐ ≥ 30 seconds ☐ did not complete

Applicant able to transfer from wheelchair /scooter to seat in a Handi Transit vehicle:

☐ Yes ☐ No ☐ Unable to Confirm ☐ N/A

Comments: _____

Applicant able to transfer to sedan vehicle without physical assistance?

☐ Yes ☐ No ☐ Unable to Confirm

Comments: _____

Stairs

Ascend 3 steps. Level of Difficulty (as per scale on previous page) 0 to 5 _____

Used Hand Rail: (please check all that apply)

☐ Not at All ☐ One Side Only ☐ Two Sides

☐ As light support ☐ As needed assist ☐ As balance assist ☐ As weight bearing assist

Descend 3 steps. Level of Difficulty (as per scale on previous page) 0 to 5 _____

Used Hand Rail: (please check all that apply)

☐ Not at All ☐ One Side Only ☐ Two Sides

☐ As light support ☐ As needed assist ☐ As balance assist ☐ As weight bearing assist

☐ Did not use mobility aid

☐ Required mobility aid: ☐ *Wanted for personal comfort* ☐ *Needed for personal safety/stability*

Comments: _____

Duration

For what time period will the applicant's physical ability to access conventional transit be impaired?

☐ does not appear to meet the eligibility criteria at this time

☐ during winter months when snow and ice would impact balance and gait

☐ should receive service then be reassessed at 3 months

☐ should receive service then be reassessed at 6 months

☐ should receive service then be reassessed at 1 year

☐ will not likely improve

☐ will continue to deteriorate

Reviewed with Applicant:

☐ Overview of Assessment Process ☐ EAA's role ☐ Release of Information Form signed

Additional Information: _____

Assessor Name: _____ Assessor Signature: _____