

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

Name: \_\_\_\_\_

Number: \_\_\_\_\_

**Boston University AM-PAC™ “6 Clicks”  
Basic Mobility Inpatient Short Form**

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

<b>How much difficulty does the patient currently have...</b>	<b>Unable</b>	<b>A Lot</b>	<b>A Little</b>	<b>None</b>
1. Turning over in bed (including adjusting bedclothes, sheets and blankets)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2. Sitting down on and standing up from a chair with arms (e.g., wheelchair, bedside commode, etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
3. Moving from lying on back to sitting on the side of the bed?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

<b>How much help from another person does the patient currently need...</b>	<b>Total</b>	<b>A Lot</b>	<b>A Little</b>	<b>None</b>
4. Moving to and from a bed to a chair (including a wheelchair)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5. Need to walk in hospital room?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
6. Climbing 3-5 steps with a railing?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

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

CMS 0-100% Score: \_\_\_\_\_

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

CMS Modifier: \_\_\_\_\_

Note: Use the AM-PAC [Basic Mobility Inpatient](#) Short Form Conversion Table to convert raw scores.