

PHYSICAL FITNESS & MOBILITY

Self Assessment



These questions are designed for you to reflect and identify possible concerns related to physical fitness. Answering these questions can help prompt conversations with your primary care provider or other health services about problems that may be concerning you. You can take this checklist with you to your next appointment as a reminder of what you would like to discuss.

Tick all that apply:

I have difficulty getting up out of a chair

I have difficulty walking short distances

I worry about falling or injury

I have had a fall in the last 6 months

I have difficulty doing tasks of daily living (showering, cooking, cleaning) due to my physical ability

I would struggle to get up off the floor on my own if I fell

I would like to improve my physical ability

