

### The Mobility Inventory (MI)

Please indicate the degree to which you avoid the following places or situations because of discomfort or anxiety. Rate your amount of avoidance when you are with a trusted companion and when you are alone. Do this by using the following scale.

1. Never avoid
2. Rarely avoid
3. Avoid about half the time
4. Avoid most of the time
5. Always avoid

(You may use numbers half-way between those listed when you think it is appropriate. For example, 3 ½ or 4 ½).

Write your score in the blanks for each situation or place under both conditions: when accompanied, and, when alone. Leave blank those situations that do not apply to you.

Place					When accompanied			When alone		
Theatres	...	...	...	...	_____	...	...	_____	...	...
Supermarkets	...	...	...	...	_____	...	...	_____	...	...
Classrooms	...	...	...	...	_____	...	...	_____	...	...
Department stores	...	...	...	...	_____	...	...	_____	...	...
Restaurants	...	...	...	...	_____	...	...	_____	...	...
Museums	...	...	...	...	_____	...	...	_____	...	...
Elevators/Lifts	...	...	...	...	_____	...	...	_____	...	...
Auditoriums or stadiums...	...	...	...	...	_____	...	...	_____	...	...
Car parks	...	...	...	...	_____	...	...	_____	...	...
High places	...	...	...	...	_____	...	...	_____	...	...
Tell how high .....										
Enclosed spaces (e.g. tunnels)	...	...	...	...	_____	...	...	_____	...	...
Open spaces:										
(A) Outside (e.g. fields, wide streets, courtyards)	_____	...	...	...	_____	...	...	_____	...	...
(B) Inside (e.g. large rooms, lobbies)	...	_____	...	...	_____	...	...	_____	...	...
RIDING IN:										
Buses	...	...	...	...	_____	...	...	_____	...	...
Trains	...	...	...	...	_____	...	...	_____	...	...
Underground/Tubes	...	...	...	...	_____	...	...	_____	...	...
Airplanes	...	...	...	...	_____	...	...	_____	...	...
Boats	...	...	...	...	_____	...	...	_____	...	...
Driving or riding in a car:										
(A) At any time	...	...	...	...	_____	...	...	_____	...	...
(B) On motorways	...	...	...	...	_____	...	...	_____	...	...
SITUATIONS:										
Standing in lines	...	...	...	...	_____	...	...	_____	...	...
Crossing bridges	...	...	...	...	_____	...	...	_____	...	...
Parties or social gatherings	...	...	...	...	_____	...	...	_____	...	...
Walking on the street	...	...	...	...	_____	...	...	_____	...	...
Staying at home alone	...	...	...	...	_____	...	...	_____	...	...
Being far away from home	...	...	...	...	_____	...	...	_____	...	...
Other (specify) .....	...	...	...	...	_____	...	...	_____	...	...