

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)	...	...	...	...	_____	...	...	_____	_____	