

**Child maltreatment: when to suspect maltreatment in under 18s (CG89)
NICE guideline update: Formal consensus methods chapter for defining
the term ‘independently mobile’**

Summary

This document outlines the formal consensus methods used to define the term ‘independently mobile’, used in the [Child maltreatment: when to suspect maltreatment in under 18s](#) (CG89) NICE guideline.

Background to the guideline update

There is variation in current practice in the response to bruising in babies that are not considered independently mobile; some policies in England require that children presenting with a bruise who are not considered independently mobile be seen by paediatrician, others require a formal child protection investigation under section 47 of the 1989 Children Act (Bilson, 2018). Responses may be underpinned by beliefs that bruising in children who are not considered independently mobile is more likely to be caused by child maltreatment. However, there is variation in the literature on how common bruising is in children considered not independently mobile, with single observations ranging from 0.6 to 5.3% in those not yet rolling or crawling (The Child Safeguarding Practice Review Panel, 2022). Variations in practice can lead to over and under classification of child maltreatment, causing significant and unnecessary family distress, or risking further serious incidents to the child.

In addition, there is no standard definition (either in the published literature or in current practice) for children not considered independently mobile, and multiple terms are used to describe these children such as ‘non-mobile’, ‘pre-mobile’ and ‘early mobile’. In England, several different definitions of the term pre-mobile have been used by local authorities (Bilson and Talia, 2022).

The term ‘independently mobile’ is currently used in the Child maltreatment: when to suspect maltreatment in under 18s (CG89) NICE guideline. Since the guideline does not include a definition or elaboration of the term, clarity is needed. Using a modified version of the nominal group technique, this update addressed the gap in the current guideline and produced a clear definition of the term ‘independently mobile’. The update focused on recommendation 1.1.2 where the term is used in the context of bruising or petechiae, but also relates to recommendations 1.1.5 (lacerations, abrasions or scars) and 1.1.6 (burns or scalds) where the term is also used.

The aim of the update

To address the gap in the current Child maltreatment: when to suspect maltreatment in under 18s (CG89) NICE guideline and produce a clear definition of the term 'independently mobile'.

The use of formal consensus methods

Formal consensus methods were considered the most appropriate methods for this guideline update because:

1. There is no evidence-based definition of the term 'independently mobile':
A [2024 exceptional surveillance of child maltreatment: when to suspect maltreatment in under 18s \(NICE guideline CG89\)](#) was conducted in response to recommendations made in the [Child Safeguarding Practice Review Panel's Bruising in non-mobile infants](#) (September 2022). After examining the evidence and topic expert feedback from the exceptional surveillance, there appeared to be no widely accepted definition of the term 'independently mobile' in the literature. Since, definitions in the literature and practice vary and further searches are unlikely to provide clarity, formal consensus methods were considered a robust option to address this.
2. Informal consensus with an existing guideline committee was not possible:
Since the child maltreatment guideline was published in 2009 and updated in 2017, there was no guideline committee. Considering the size and scope of the update, the recruitment and formation of a new guideline committee was not considered to be the optimal use of time and resources.

Recruitment of participants (Expert Working Group)

Ten participants were recruited and formed an [Expert Working Group \(EWG\)](#). This included 9 participants with expertise in the field of child maltreatment and 1 Topic Facilitator.

Participants were recruited through various channels, including the expert database (an internal expert advisory database of previous committee members), surveillance contacts and internal and external networks. There was no public advertising on the NICE website. This is in line with the NICE appointment to advisory committee policy section 23, which states that where 'there are exceptional circumstances that justify not advertising the role, including for example where members are required for a

Child maltreatment: when to suspect maltreatment in under 18s (CG89): Formal consensus methods chapter Final (December 2025)

small number of meetings and expressions of interest from the People and Communities Involvement and Engagement Programme expert panel or guidelines expert advisers panel represents a more proportionate approach’.

Considerations of consent, confidentiality and data protection

All participants submitted a confidentiality form, terms of membership document, a declaration of interests form and a short expression of interest prior to recruitment to the expert working group.

All members of the NICE technical team complied with NICE’s Information Governance and Records Management Framework and Policy.

Ethics considerations

Requirements for ethical review were considered through use of the Health Research Authority (HRA) tool and advice from the NICE Science Policy and Research Team (SP&R).

Based on the HRA guidance (Health Research Authority 2021) and the UK Policy Framework for Health and Social Care Research (Health Research Authority 2017), the formal consensus methods used for the guideline update did not constitute research. This is because it did not aim to generate generalisable new knowledge but rather to inform the development of a specific operational definition for a national guideline. Therefore, it was classified as expert consultation or service development.

As the update was not considered research, NHS Research Ethics Committee (REC) review was not required. However appropriate governance checks were undertaken, including:

- Use of the HRA decision tool (Health Research Authority) to confirm classification
- Notification and approval from NICE research governance (SP&R)
- Ensuring informed participation and data protection compliance

Equality and health inequality considerations

Equality and health inequalities, as well as equality legislation were considered during the development of this update.

The impact of disability on how independent mobility should be defined was considered. For example, a child with a disability may achieve the milestones associated with the term (such as rolling, sitting, crawling, bottom shuffling, pulling to stand and cruising) at a different rate or sequence, compared to a child without a disability. A child with a disability may also experience dysregulated and involuntary movements which may impact on the perception of them as independently mobile.

It was agreed that this is already covered by the definition of 'Disability' in the guideline which states that:

Alerting features of maltreatment in children with disabilities may also be features of the disability, making identification of maltreatment more difficult. Healthcare professionals may need to seek appropriate expertise if they are concerned about a child or young person with a disability.

Formal consensus methodology

Formal consensus methods are a robust methodology that are used primarily when there is a lack of evidence, or where evidence is insufficient due to poor quality or inconsistencies. The nominal group technique (NGT) is a method of formal consensus that is widely used in health and social care, and in the development of guidelines (Manera 2019). It is suitable for in-person or virtual interaction and discussions.

The NGT is a structured process which involves participants contributing ideas towards a topic or specific question, followed by discussion and the individual prioritisation of ideas usually by rating or ranking. Participants record their ideas independently and privately, and these are collected and fed back to the group for discussion. This process is effective for generating a wide range of ideas whilst ensuring that the views of the whole group are captured and discussion is not dominated by the individual opinions of some participants. This can be particularly important in groups that have not previously met and do not have the opportunity to build rapport beforehand.

The advantages of the NGT are that it is a practical method for obtaining a result efficiently, allows for equal participation of all members of the group, and is transparent, making it possible to track how the group reached consensus. It is an appropriate method for a small expert group and is highly adaptable to achieve the aims of this update.

Formal consensus methods with a modified version of the NGT have been used in the development of NICE guidelines on [Neonatal parenteral nutrition \(NG154\)](#) and [Postnatal care \(NG194\)](#), and these have informed the methods used for this update. [Figure 1](#) shows the phases of the modified NGT that were applied.

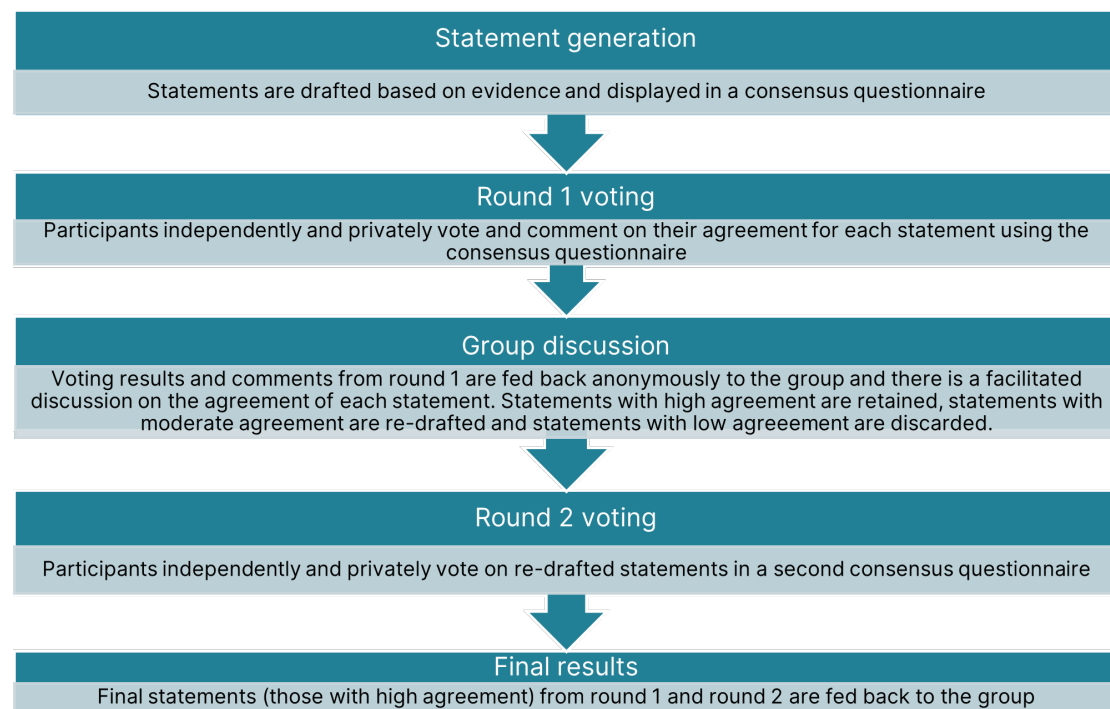


Figure 1: Phases of the modified nominal group technique (NGT)

How the phases of the modified NGT were applied for this update

Statement generation

Statements were generated using evidence from the [2024 exceptional surveillance of child maltreatment: when to suspect maltreatment in under 18s \(NICE guideline CG89\)](#) and displayed in a first consensus questionnaire (Appendix A). Drafted statements underwent internal quality assurance by the NICE technical team with feedback from the social care advisor and consultant clinical adviser.

A briefing document was also created for EWG members which provided background information related to the update and outlined formal consensus methods using the modified NGT, including what they are, and how and why they were used for the update.

Voting and facilitated discussions

Child maltreatment: when to suspect maltreatment in under 18s (CG89): Formal consensus methods chapter Final (December 2025)

There were 2 rounds of voting and facilitated discussions.

Round 1 voting

EWG members were each sent the first consensus questionnaire and briefing document (via e-mail) ahead of the EWG meeting. They were asked to complete the first round of voting privately and independently using the first consensus questionnaire and given a week to submit their response via email.

Each statement could be rated on a 9-point Likert scale where 9=strongly agree, 5=neither agree nor disagree (neutral), and 1=strongly disagree. EWG members had the option to not rate statements where they felt unable to do so for any reason. By selecting this option, the EWG member was not included in the calculation for percentage agreement for that statement. EWG members had the opportunity to provide comments next to each statement.

The NICE technical team calculated the percentage agreement for each statement. The process was iterative, where statements with high agreement ($\geq 80\%$) were retained. Statements with moderate agreement (60-80%) were re-drafted using comments submitted by expert working group members in the consensus questionnaire and underwent group discussion (including possible further re-drafting) and a second round of voting. Statements with low agreement ($< 60\%$) were discarded (unless there were simple and easily identifiable changes based on comments which made them fit for re-drafting).

The NICE technical team calculated the percentage agreement for all statements and re-drafted statements with moderate or low agreement ahead of the EWG meeting.

Expert Working Group (EWG) meeting and round 2 voting

A full-day EWG meeting, led by an independent facilitator, was conducted and this was split into 2 sessions (morning and afternoon).

In the morning, the NICE technical team presented the results of the first consensus questionnaire (including the percentage agreement for each statement, anonymised comments submitted for each statement and re-drafted statements). A facilitated discussion on the comments and re-drafted statements followed the presentation. Any further edits to the re-drafted statements were made during discussions and the NICE technical team created the second consensus questionnaire (Appendix B)

using the re-drafted statements based on this feedback. Prior to the lunch break, all EWG members were asked to submit their responses to the second consensus questionnaire electronically (via e-mail). The second round of voting consisted of independent and private voting on re-drafted statements using the same 9-point Likert scale as the first round. However, unlike the first round of voting, at the conclusion of the second round of voting only statements with high agreement ($\geq 80\%$) were retained.

During the lunch break, the NICE technical team calculated the percentage agreement for each statement according to responses submitted in the second consensus questionnaire. All statements with high agreement (including those from round one) were fed back to the NICE editor who used these statements along with input from the NICE technical team to draft a definition. All other statements were discarded.

When the EWG reconvened for the afternoon session of the meeting, the results of the second consensus questionnaire and the draft definition from the NICE editor were presented. Facilitated discussion took place to finalise a definition of the term 'independently mobile'.

Feedback mechanism for participants

Participants had the opportunity to feedback anonymously on statements during the first and second round of voting using the consensus questionnaires. There was also space available for comments under each statement.

Participants were able to raise any questions or concerns during the EWG meeting and via e-mail throughout the guideline update period.

There was no formal consultation for this update as the aim of the update was to achieve a formal consensus definition of independently mobile using participants specifically recruited based on their expertise in child maltreatment; A formal consultation was unlikely to add further value.

Legal advice

Advice was sought from NICE's legal advisers to ensure the draft definition was written in such a way to minimise any future reputational risk to NICE because of an organisation acting or using it.

References

[Bilson, Andy \(2018\) Policies on bruises in premobile children: Why we need improved standards for policymaking.](#) Child and Family Social Work; 23(4): 676-683

[Bilson Andy and Talia Alessandro \(2022\) Bruises in Premobile Infants: A Contested Area of Research, Policy and Practice.](#) Practice (Birm); 35(4): 281–296.

GOV.UK (2022) The Child Safeguarding Practice Review Panel. Bruising in non-mobile infants. Panel Briefing 1 [online] Accessed at: https://assets.publishing.service.gov.uk/media/632d9724d3bf7f56794d4467/14.155_DFE_Child_safeguarding_Bruising_PB1_v3_Final_PDFA.pdf

Health Research Authority (2021) What approvals and decisions do I need? [online] Health Research Authority. Accessed at: <https://www.hra.nhs.uk/approvals-amendments/what-approvals-do-i-need/>

Health Research Authority (2017) UK Policy Framework for Health and Social Care Research. [online] Accessed at: <https://www.hra.nhs.uk/planning-and-improving-research/policies-standards-legislation/uk-policy-framework-health-social-care-research/>

Health Research Authority , n.d. Is my study research? Decision tool. [online] Accessed at: <https://hra-decisiontools.org.uk/research/>

[Manera, K., Hanson, C.S., Gutman, T., Tong, A. \(2019\) Consensus Methods: Nominal Group Technique.](#) In: Liamputtong, P. (eds) Handbook of Research Methods in Health Social Sciences. Springer, Singapore. 737-750

Appendix A: First consensus questionnaire (including instructions for completion)

Instructions for completing the first consensus questionnaire

Using the first consensus questionnaire (below), we ask that you rate how much you agree with each statement on a 9-point scale where 9=strongly agree, 5=neither agree nor disagree (neutral), and 1=strongly disagree. **We ask that you read all statements in the first consensus questionnaire before you begin making any ratings.**

The rating should represent your opinion of what constitutes best practice, considering your expertise, rather than describing your experience of what is used in current practice. The rating should be based on how much you agree with the overall focus of the statement. The specific wording of statements will be discussed and amended during the expert working group meeting.

There is space under each statement to provide comments. Where you disagree with a statement, you could provide reasons for this, and if possible, detail how the statement could be amended for you to reach agreement. These comments can be useful for re-drafting statements and prompting discussion points at the expert working group meeting. Comments which detail specific concerns about the wording, or suggested amendments to the wording could be submitted whether you agree with the statement or not. Please keep comments succinct and ensure that all comments are displayed in the designated space supplied in the first consensus questionnaire. We are looking for opinions that help reach consensus rather than evidence or references, so please try to refrain from providing long explanations or reference lists. Any comments submitted will be shared anonymously at the expert working group meeting.

If you feel that you are unable to rate a statement for any reason, then please tick the 'not rated' (NR) box. Ticking this box means that you will not be included in the calculation for percentage agreement for that statement.

Anonymity

All responses (including ratings and comments) submitted in the consensus questionnaire will be fed back to the expert working group anonymously. Names are collected for internal use only and will not be shared. All members of the NICE technical team comply with NICE's Information Governance and Records Management Framework and Policy.

Name:															
Start of consensus questionnaire															
Please indicate how much you agree with the following statements by selecting one number in each row, where; 1=strongly disagree 5=neither agree nor disagree (neutral) 9=strongly agree															
For statements (1-3), independent mobility is determined by age. These statements relate to the term "not independently mobile".						Strongly disagree			Neutral		Strongly agree				
1. All children aged up to 2 months are not independently mobile.						1	2	3	4	5	6	7	8	9	NR
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:															

2. All children aged up to 6 months are not independently mobile.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	NR <input type="checkbox"/>
Comments:										
3. All children aged up to 9 months are not independently mobile.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	NR <input type="checkbox"/>
Comments:										
For statements (4-10), independent mobility is determined by physical development milestones. These statements relate to the term “independently mobile”.										
4. A child who can roll, sit, crawl, bottom shuffle, pull to stand, cruise or walk is independently mobile.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	NR <input type="checkbox"/>
Comments:										
5. A child who can sit, crawl, bottom shuffle, pull to stand, cruise or walk is independently mobile. This does not include children who can roll.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	NR <input type="checkbox"/>
Comments:										

6. A child who can crawl, bottom shuffle, pull to stand, cruise or walk is independently mobile. This does not include children who can roll or sit.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	NR <input type="checkbox"/>
Comments:										
7. A child who can crawl, bottom shuffle, pull to stand, cruise or walk is independently mobile. This does not include children who can roll or sit, or children under the age of 6 months.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	NR <input type="checkbox"/>
Comments:										
8. A child who has upright ambulation is independently mobile.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	NR <input type="checkbox"/>
Comments:										
9. A child who can pull to stand, cruise or walk is independently mobile. This does not include children who can roll, sit, crawl or bottom shuffle.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	NR <input type="checkbox"/>
Comments:										

10. A child who can cruise or walk is independently mobile. This does not include children who can roll, sit, crawl, bottom shuffle or pull to stand.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	NR <input type="checkbox"/>
Comments:										
End of Consensus Questionnaire										

Appendix B: Second Consensus Questionnaire

Name:										
Start of consensus questionnaire										
Please indicate how much you agree with the following statements by selecting one number in each row, where; 1=strongly disagree 5=neither agree nor disagree (neutral) 9=strongly agree										
1a. Children aged up to 2 months typically lack the muscle strength, coordination, and neurological maturity needed for independent mobility.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	NR <input type="checkbox"/>
1b. Children aged up to 12 weeks typically lack the muscle strength, coordination, and neurological maturity needed for independent mobility.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	NR <input type="checkbox"/>
Comments:										
4. A child who can achieve any of the following physical development milestones should be considered independently mobile:										
a. Voluntary grasping	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	NR <input type="checkbox"/>

b. Roll from front to back and/or back to front	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	NR <input type="checkbox"/>
c. Roll unaided	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	NR <input type="checkbox"/>
d. Roll across a space	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	NR <input type="checkbox"/>
e. Sit aided	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	NR <input type="checkbox"/>
f. Sit unaided	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	NR <input type="checkbox"/>
g. Move to a sitting position	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	NR <input type="checkbox"/>
h. Crawl	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	NR <input type="checkbox"/>
i. Bottom shuffle	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	NR <input type="checkbox"/>
j. Pull to stand (using an object)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	NR <input type="checkbox"/>
k. Pull to stand unaided	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	NR <input type="checkbox"/>
l. Stand unaided	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	NR <input type="checkbox"/>
m. Cruise (using an object)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	NR <input type="checkbox"/>
n. Walk with aid	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	NR <input type="checkbox"/>

o. Walk (using an object)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	NR <input type="checkbox"/>
p. Walk unaided	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	NR <input type="checkbox"/>
q. Climb	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	NR <input type="checkbox"/>
Comments:										
End of Consensus Questionnaire										