***** A measure of *emotional & attitudinal readiness* to cope with mobility change & loss associated with advancing age. *****

	Instructions: Consider what would happen if you could not get yourself to valued destinations and activities independently. Maybe this is occurring already in your life; maybe it could happen in the future. Read each statement and consider if you agree or disagree and how strongly. Mark your answer by circling the appropriate number to the right. Respond to all items if possible. Transfer your numeric answers to the total and subscale columns on the right. Additional scoring on page 2.	**Strongly DISAGREE ……..AGREE Strongly**	**Total Score**		**Subscale Scores** (for professional use only)			
					1AA	**2PB**	**3Av**	**4AS**
1	Mobility loss can be sudden or progressive, but it is always devastating.	1 2 3 4 5						
2	Asking others for help with mobility means that I am losing my independence.	1 2 3 4 5						
3	I am a burden if I ask others for help with transportation.	1 2 3 4 5						
4	I avoid thinking about losing my mobility.	1 2 3 4 5						
5	I wish others would stop talking to me about my mobility.	1 2 3 4 5						
6	Asking for a ride creates an inconvenience for others.	1 2 3 4 5						
7	Other people simply don't understand what it's like to have limited mobility.	1 2 3 4 5						
8	It is devastating for older people to have someone take away their car keys.	1 2 3 4 5						
9	I do not like to ask others for a ride.	1 2 3 4 5						
10	I feel depressed at the thought of being limited in my mobility.	1 2 3 4 5						
11	Moving to a retirement community is too restrictive for my desired mobility.	1 2 3 4 5						
12	When I see older people with significant limitations in mobility, I fear that I will end up like that too.	1 2 3 4 5						
13	There is no way to plan for loss of mobility in aging.	1 2 3 4 5						
14	A big loss of mobility would really hurt my self-esteem.	1 2 3 4 5						
15	Loss of mobility is very isolating and depressing.	1 2 3 4 5						
16	I shudder to think of a time when I am less mobile than I am now.	1 2 3 4 5						
17	I refuse to accept that I might lose my mobility in the future.	1 2 3 4 5						
18	My future independence hinges on my ability to get myself around.	1 2 3 4 5						
19	I have not thought much about my future mobility before today.	1 2 3 4 5						
20	I've seen others become frail and immobile in older age, and I am determined to avoid this fate at whatever cost.	1 2 3 4 5						
21	It really frustrates me when I have difficulty getting around.	1 2 3 4 5						
22	I feel angry when I think about losing my mobility.	1 2 3 4 5						
23	I feel self-conscious when my mobility needs become a concern for others.	1 2 3 4 5						
24	It is not easy for me to ask for help with transportation when I need it.	1 2 3 4 5						
	*Sum (add up) circled numbers for **Total Score** (Items 1−24) & **Subscale Scores**, and record in boxes to the right →*							

Assessment of Readiness for Mobility Transition (ARMT): A Tool for Mobility Transition Counseling (MTC)

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The Assessment of Readiness for Mobility Transition (ARMT) was developed by a team of educators and researchers with funding support from the National Center on Senior Transportation (Meuser, T.M., Principal Investigator, University of Missouri – St. Louis, meusert@umsl.edu; 314-516-5421; Co-Investigators: M. Berg-Weger & J. Chibnall, Saint Louis Univ.; A. Harmon, Univ. of Michigan).

This research-based, individual differences questionnaire measures *emotional and attitudinal readiness* to cope with present &/or future mobility loss/change that may come with advancing age &/or disability. Loss of the ability to drive is a significant concern for many older adults. Other concerns include: difficulty walking, problems climbing stairs, impact of falls, how to continue driving safety in the face of functional change, and how to transition from driving to non-driving mobility.

The ARMT has two purposes: (1) to raise individual awareness on the topic of mobility loss and to encourage proactive discussion and planning; and (2) as a "clinical" questionnaire to assess relevant personal perspectives in the context of *Mobility Transition Counseling (MTC)*. The Total Score applies to both purposes in that it provides an overall gauge of felt concern about this issue. The Subscale Scores are more specific and best discussed and interpreted with professional guidance.

At first glance, some of the 24 items may appear to be worded rather strongly. Many of these are direct or paraphrased quotations from older adults who participated in a series of focus groups. ARMT items are intended to encourage the expression of diverse viewpoints so that individual meanings, emotions and attitudes may be identified and addressed.

Interpretation: A high Total Score is characterized by significant felt anxiety, worry about a loss of personal independence, and concern about becoming a burden on others. High scorers may resist depending on others for transportation and may also delay making mobility-related plans until a crisis ensues. In these ways, high Total and Subscale Scores suggest that the respondent may not be fully ready (i.e., from an emotional and attitudinal perspective) to cope effectively with mobility loss/change. High scorers may benefit from a supportive intervention. Such intervention may be as simple a one-time education session or a more involved in the MTC process.

The Total and Subscale scores are calculated and interpreted as mean (average) scores. High scores are defined as falling 1+ standard deviation (SD) units above the mean for that item. High scores suggest strongly held beliefs that could interfere with adaptive coping. For example, someone scoring high on Factor 2 (Perceived Burden) may resist reaching out to others for help even when appropriate to do so. Someone scoring high on Factor 4 (Adverse Situation) may view mobility loss more negatively than is helpful, and so might benefit from focused education to bring balance.

Users are cautioned not to "over interpret" ARMT scores and always consider responses in light of other available information. Some strongly held beliefs can be adaptive. Scores are not intended to suggest pathology or that a person's views are wrong, but rather a starting point for self-evaluation, proactive discussion and future planning.

The ARMT was developed based on a grounded theory approach and with application to Prochaska's Transtheoretical Model. Measurement items were derived from focus groups (King, Meuser, Berg-Weger, et al, 2010, Journal of Gerontological Social Work). The ARMT was established and validated on a volunteer sample of 297 community-dwelling adults (Mean Age 71; Range 55-95; 78% Female; 78% Caucasian) using factor analysis and related statistical techniques.

SCORING & INTERPRETATION

An ARMT total score (ARMT-TS) and up to four subscale scores may be derived. Scores are expressed as a mean (average) of the associated number of items. A calculator is necessary for accurate scoring.

The ARMT-TS is appropriate to score and discuss in any mobility education or counseling encounter. The subscales are more specific and best discussed and interpreted with professional guidance.

The respondent circles a number (1–5) for each statement. For ease of scoring, these numbers should be recorded in both the *total score* and individual *subscale* columns as indicated. Sum these down and write the total for each at the bottom of page 1, then copy these totals to the spaces indicated below on page 2.

What does each score mean?

ARMT-TS. A measure of emotional and attitudinal readiness to cope with present &/or future mobility loss, including the four subscales described below. (α .88)

1. Anticipatory Anxiety (AA). Anxiety and felt concern about loss of personal integrity and independence in the face of significant mobility loss. (α .87)

2. Perceived Burden (PB). Worry associated with becoming overly dependent and a burden on others. (α .79)

3. Avoidance (Av). A general resistance to address the topic of mobility loss. (α .62)

4. Adverse Situation (AS). A general perception of significant mobility loss as very harmful to individual well-being and quality of life. (α .63)

	Sum / # Items = Mean Score	**HIGH** (significant)
ARMT-TS	_____ / 24 = _____	> 3.57
1_AA	_____ / 9 = _____	> 3.81
2_PB	_____ / 5 = _____	> 3.55
3_Av	_____ / 4 = _____	> 3.6
4_AS	_____ / 6 = _____	> 3.88

High scores suggest less readiness, high anxiety, and the presence of strongly held beliefs that may interfere with adaptive coping. Persons evidencing high total &/or subscale scores may benefit from a focused mobility intervention. *While less anxious and possibly more prepared, low scorers may still benefit from an education and planning-related intervention.*