



CHILD ACTIVITY SHORT FORM GUIDE

For each question, choose one of the answers below that is most like you:

Cannot do = I cannot do this on my own. If I need to do this, I always need someone's full help.

Really hard = I am able to do this only with extra time and very strong effort. I almost always need someone's help.

Hard = I am able to do this some of the time, but I may need extra time, and it may take a good effort. I often need someone's help.

A little hard = I am able to do this almost all of the time, but I may need extra time and it may take a little effort. I don't usually need someone's help.

Easy = I am able to do this without someone's support or help.

Now that you know what each answer means, use this to help you answer the questions.

Child's Name: _____

Date _____

Child Wheeled Mobility, Tetraplegia, Manual Wheelchair

Check the box that is most like you.	Cannot Do	Really Hard	Hard	A Little Hard	Easy	Item Score
1. I can get out of my manual wheelchair and into my bed.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	
2. In my manual wheelchair, I can cross the street at a traffic light.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	
3. After reaching to the floor, I can come back up to sit in the manual wheelchair.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	
4. I can push my manual wheelchair in a busy hallway with a lot of people.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	
5. I can put my manual wheelchair into the car.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	
6. I can push my manual wheelchair on mulch or gravel outside, like at a playground.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	
7. In my manual wheelchair, I can lock the brakes.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	
8. In my manual wheelchair, I can do a weight shift or pressure relief.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	
Total Raw Score						
Standardized (T-Scale) Score						

PEDI-SCI Score Transformation Table

Child Wheeled Mobility, Tetraplegia, Manual Wheelchair Raw Score	T-Scale	Standard Error
0	19.51	4.24
1	22.22	4.03
2	23.24	4.08
3	24.21	4.04
4	25.46	3.91
5	26.73	3.74
6	27.75	3.69
7	28.76	3.62
8	29.78	3.54
9	30.78	3.47
10	31.76	3.41
11	32.76	3.37
12	33.75	3.33
13	34.73	3.31
14	35.71	3.3
15	36.69	3.3
16	37.68	3.3
17	38.68	3.31
18	39.71	3.34
19	40.76	3.38
20	41.84	3.43
21	42.97	3.49
22	44.16	3.58
23	45.45	3.71
24	46.75	3.79
25	48.13	3.81
26	49.82	3.93
27	51.86	4.19
28	54	4.79
29	54.96	4.58
30	57.04	4.82
31	59.27	4.98
32	64.61	6.07