

PARENT ACTIVITY SHORT FORM GUIDE

For each question, choose one of the answers below that best describes your child:

<u>Unable to do</u> = My child cannot do this on his/her own and if he/she needs to do this, he/she always need someone's full help.

<u>Much Difficulty</u> = My child is able to do this only with extra time and very strong effort. He/she almost always needs someone's help.

<u>Some Difficulty</u> = My child is able to do this some of the time, but may need extra time, and it may take a good effort. He/she often needs someone's help.

<u>Little Difficulty</u> = My child is able to do this almost all of the time, but may need extra time and it may take a little effort. He/she doesn't usually need someone's help.

Without Difficulty = My child is 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.

Parent Wheeled Mobility, Tetraplegia, Power Wheelchair									
	Select the choice that best describes your child.	Unable to Do	Much Difficulty	Some Difficulty	Little Difficulty	Without Difficulty	Item Score		
1.	From his/her power wheelchair, my child can get into the seat of a car.	□о	□ 1	<u></u> 2	□з	<u></u> 4			
	When sitting in his/her power wheelchair, my child can bend forward to pick something up off the floor.	<u></u> 0	<u></u> 1	<u></u> 2	<u></u> 3	<u></u> 4			
3.	When sitting at the edge of his/her bed, my child can get into the power wheelchair.	□о	□ 1	<u></u> 2	□з	<u></u> 4			
	When sitting in his/her power wheelchair, my child can put their feet no the footplates.	□о	<u></u> 1	<u></u> 2	Пз	<u></u> 4			
5.	In his/her power wheelchair, my child can lean forward to reach for something in front of him/her.	□ 0	□ 1	<u></u>	□3	<u></u> 4			
6.	My child can turn his/her power wheelchair on.	□о	□ 1	<u></u>	Пз	<u></u> 4			
7.	In his/her power wheelchair, my child can cross the street at a traffic light.	□₀	□ 1	<u></u> 2	З	<u></u> 4			
8.	My child can move his/her power wheelchair down a ramp.*	□о	□₀	□ 1	<u></u> 2	Пз			
9.	In his/her power wheelchair, my child can move on flat surfaces.*	□о	□о	□ 1	<u></u> 2	Пз			
	Total Raw Score								
Standardized (T-Scale) Score									
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Date_____

Child's Name:

^{*}Scoring categories collapsed due to no response in calibration sample.

PEDI-SCI Score Transformation Table

0 16.28 4.08 1 17.3 4.28 2 18.56 4.48 3 20.31 4.95 4 20.82 5.04 5 22.47 5.11 6 23.79 5.36 7 25.09 5.31 8 26.12 5.25 9 27.47 5.11 10 29.4 5.16 11 30.45 5.16 12 31.46 5.1 13 32.45 4.91 14 34.12 4.7 15 35.48 4.73 16 36.43 4.61 17 37.54 4.52 18 38.85 4.4 19 40.34 4.28 20 41.29 4.29 21 42.31 4.26 22 43.5 4.28 23 44.77 4.14 24 45.	Parent Wheeled Mobility, Tetraplegia, Power Wheelchair Raw Score	T-Scale	Standard Error
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