



PARENT ACTIVITY SHORT FORM GUIDE

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

Unable to do = 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.

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

Some Difficulty = 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.

Little Difficulty = 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.

Child's Name: _____

Date _____

Parent Daily Routines and Self-Care, Paraplegia

Select the choice that best describes your child.	Unable to Do	Much Difficulty	Some Difficulty	Little Difficulty	Without Difficulty	Item Score
1. Including fixing his/her clothes, set up, and clean up, <i>without</i> any splints, my child can complete his/her bowel program.*	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	
2. My child can put on jeans.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
3. My child can put on sneakers.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
4. My child can put on gym shorts.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
5. My child can put on socks.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
6. My child can clean their entire body in the shower or bath.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
7. My child can take off his/her sweatshirt by pulling it over his/her head.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
8. Using one hand, my child can throw a ball.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
9. My child can put on his/her T-shirt (short-sleeve, pull-over).	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
10. My child can clean his/her upper body.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
11. My child can open hard cover books.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
12. My child can try on clothes in a store dressing room.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
*Scoring categories collapsed due to no response in calibration sample.						
						Total Raw Score
						Standardized (T-Scale) Score

PEDI-SCI Score Transformation Table

Parent Daily Routines & Self-Care, Paraplegia Raw Score	T-Scale	Standard Error
0	26.42	4.07
1	30.32	2.7
2	31.81	2.52
3	33.48	2.24
4	34.63	2.13
5	35.64	2.01
6	36.52	1.93
7	37.32	1.85
8	38.06	1.79
9	38.74	1.73
10	39.37	1.69
11	39.97	1.65
12	40.54	1.62
13	41.08	1.59
14	41.6	1.57
15	42.1	1.55
16	42.59	1.54
17	43.05	1.52
18	43.51	1.51
19	43.96	1.51
20	44.4	1.5
21	44.83	1.49
22	45.26	1.5
23	45.68	1.5
24	46.1	1.5
25	46.53	1.51
26	46.95	1.52
27	47.37	1.53
28	47.81	1.55
29	48.25	1.57
30	48.69	1.6
31	49.15	1.62
32	49.63	1.66
33	50.12	1.7
34	50.64	1.75
35	51.19	1.8
36	51.78	1.88
37	52.41	1.96
38	53.11	2.07
39	53.88	2.2
40	54.83	2.45
41	55.94	2.78
42	57.07	2.96
43	58.53	3.24
44	60.92	3.9
45	65.4	5.35

38	47.2	3.63
39	49.62	4.05
40	57.35	6.73