



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, Tetraplegia

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 take off sweatpants.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	
4. My child can zip up his/her jacket.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	
5. Using his/her hands, my child can open a bag of chips.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	
6. By squeezing the tube with only one hand, my child can put toothpaste on a toothbrush.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	
7. 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	
8. 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	
9. Using his/her hands, my child can keyboard.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	
10. 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	
11. My child can rub his/her eyes.	<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						

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

PEDI-SCI Score Transformation Table

Parent Daily Routines & Self-Care, Tetraplegia Raw Score	T-Scale	Standard Error
0	24.87	3.94
1	28.48	2.7
2	29.64	2.67
3	30.64	2.62
4	31.79	2.37
5	32.72	2.21
6	33.65	2.11
7	34.45	2.02
8	35.21	1.94
9	35.93	1.87
10	36.62	1.79
11	37.27	1.73
12	37.9	1.67
13	38.49	1.62
14	39.06	1.57
15	39.61	1.54
16	40.14	1.51
17	40.65	1.48
18	41.14	1.46
19	41.63	1.46
20	42.11	1.45
21	42.58	1.44
22	43.04	1.44
23	43.51	1.44
24	43.98	1.45
25	44.45	1.46
26	44.93	1.47
27	45.42	1.49
28	45.93	1.52
29	46.45	1.55
30	46.99	1.59
31	47.57	1.64
32	48.18	1.71
33	48.83	1.79
34	49.55	1.9
35	50.35	2.03
36	51.33	2.29
37	52.34	2.51
38	53.49	2.65
39	54.99	2.89
40	58.33	4.12
41	63.2	5.67