



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 Wheeled Mobility, Paraplegia

Select the choice that best describes your child.	Unable to Do	Much Difficulty	Some Difficulty	Little Difficulty	Without Difficulty	Item Score
1. From the floor, my child can get into his/her manual wheelchair.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	
2. My child can push his/her 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	
3. My child can push his/her manual wheelchair on grass outside.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	
4. My child can push his/her manual wheelchair up a ramp.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	
5. My child can push his/her manual wheelchair down a ramp.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	
6. When sitting in his/her manual wheelchair, my child can put his/her feet on the footplates.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	
7. My child can push his/her 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	
8. My child can push his/her manual wheelchair while carrying a small objects, such as a toy, in his/her lap.	<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

Parent Wheeled Mobility, Paraplegia Raw Score	T-Scale	Standard Error
0	25.54	4.18
1	29.23	3
2	30.85	2.79
3	32.43	2.51
4	33.66	2.35
5	34.74	2.23
6	35.69	2.16
7	36.57	2.1
8	37.39	2.06
9	38.17	2.03
10	38.93	2.01
11	39.67	1.99
12	40.39	1.98
13	41.11	1.98
14	41.83	1.98
15	42.55	1.98
16	43.28	1.99
17	44.03	2.01
18	44.79	2.03
19	45.59	2.07
20	46.41	2.12
21	47.29	2.19
22	48.22	2.29
23	49.21	2.41
24	50.26	2.55
25	51.39	2.73
26	52.58	2.93
27	53.82	3.13
28	55.19	3.38
29	56.6	3.4
30	58.47	3.57
31	60.97	3.81
32	66.31	5.29