



## 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, 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.	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	
2. When sitting in his/her power wheelchair, my child can bend forward to pick something up off the floor.	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	
3. When sitting at the edge of his/her bed, my child can get into the power wheelchair.	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	
4. When sitting in his/her power wheelchair, my child can put their feet on the footplates.	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	
5. In his/her power wheelchair, my child can lean forward to reach for something in front of him/her.	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	
6. My child can turn his/her power wheelchair on.	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	
7. In his/her power wheelchair, my child can cross the street at a traffic light.	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	
8. My child can move his/her power wheelchair down a ramp.*	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	
9. In his/her power wheelchair, my child can move on flat surfaces.*	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	
<b>Total Raw Score</b>						
<b>Standardized (T-Scale) Score</b>						

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

**PEDI-SCI Score Transformation Table**

<b>Parent Wheeled Mobility, Tetraplegia, Power Wheelchair Raw Score</b>	<b>T-Scale</b>	<b>Standard Error</b>
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	45.84	4.17
25	46.94	4.2
26	48.44	4.48
27	49.37	4.34
28	50.58	4.43
29	51.79	4.46
30	54.71	5.31
31	54.63	5.07
32	56.09	5.16
33	57.01	5.09
34	62.37	6.29