



## CHILD ACTIVITY SHORT FORM GUIDE

For each question, choose one of the answers below that is most like you:

**Cannot do** = I cannot do this on my own. If I need to do this, I always need someone's full help.

**Really hard** = I am able to do this only with extra time and very strong effort. I almost always need someone's help.

**Hard** = I am able to do this some of the time, but I may need extra time, and it may take a good effort. I often need someone's help.

**A little hard** = I am able to do this almost all of the time, but I may need extra time and it may take a little effort. I don't usually need someone's help.

**Easy** = I am 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 \_\_\_\_\_

**Child Daily Routines and Self-Care, Paraplegia**

Check the box that is most like you.	Cannot Do	Really Hard	Hard	A Little Hard	Easy	Item Score
1. Including fixing my clothes, set up, and clean up, <i>without</i> any splints, I can complete my bowel program.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
2. I can wash my hair 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	
3. I can take off my socks.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
4. I can put on jeans.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
5. I can put on my sneakers.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
6. I can clean my 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. I 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	
8. I can put on my 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	
9. When sitting in my wheelchair, I can bring my foot up, like when I put on socks or shoes.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
10. I can clean my upper body.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
11. I can ride a bike using my arms.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
<b>Total Raw Score</b>						
<b>Standardized (T-Scale) Score</b>						

**PEDI-SCI Score Transformation Table**

<b>Child Daily Routines &amp; Self-Care, Paraplegia Raw Score</b>	<b>T-Scale</b>	<b>Standard Error</b>
0	28.57	4.49
1	32.53	3.18
2	33.21	3.19
3	34	3.27
4	34.65	3.31
5	36.1	2.64
6	36.76	2.58
7	37.48	2.47
8	38.17	2.37
9	38.84	2.23
10	39.4	2.17
11	39.96	2.1
12	40.51	2.03
13	41.03	1.97
14	41.51	1.93
15	41.98	1.88
16	42.44	1.84
17	42.9	1.81
18	43.33	1.79
19	43.75	1.77
20	44.17	1.75
21	44.58	1.74
22	44.99	1.74
23	45.4	1.74
24	45.81	1.75
25	46.22	1.77
26	46.64	1.79
27	47.07	1.82
28	47.51	1.86
29	47.96	1.9
30	48.44	1.95
31	48.95	2.03
32	49.53	2.17
33	50.07	2.25
34	50.67	2.34
35	51.43	2.53
36	52.69	3.2
37	53.19	3.22
38	53.96	3.34
39	55.27	3.72
40	57.33	4.37
41	57.96	4.37
42	59.19	4.54
43	61.62	4.94
44	65.63	6.13