



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 Wheeled Mobility, Tetraplegia, Power Wheelchair

Check the box that is most like you.	Cannot Do	Really Hard	Hard	A Little Hard	Easy	Item Score
1. In my power wheelchair, I can sit for 8 hours, like from morning to night or all day in school.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	
2. In my power wheelchair, I can do a weight shift or pressure relief.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	
3. In my power wheelchair, I can cross the street at a traffic light.*	<input type="checkbox"/> ₀	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	
4. I can move my power 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	
5. I can move my power wheelchair down a ramp.*	<input type="checkbox"/> ₀	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	
6. When sitting in my power wheelchair, I can put my 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. From my power wheelchair, I can get into the seat of a car.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	
8. When sitting in my power wheelchair, I can bend forward to pick something up off the floor.*	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃	
9. I can get out of my power wheelchair and into my bed.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	
10. For this question, hooking means to hold your arm to the wheelchair to keep your balance. I can hook my arm on my power wheelchair.	<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

Child Wheeled Mobility, Tetraplegia, Power Wheelchair Raw Score	T-Scale	Standard Error
0	14.29	3.17
1	14.65	3.31
2	15.03	3.46
3	15.71	3.74
4	16.23	3.91
5	16.77	4.05
6	17.6	4.27
7	18.25	4.38
8	19.09	4.49
9	19.89	4.57
10	20.95	4.67
11	21.8	4.73
12	22.77	4.74
13	23.78	4.75
14	25.01	4.81
15	26.07	4.83
16	27.08	4.82
17	28.17	4.77
18	29.57	4.79
19	30.78	4.76
20	31.79	4.75
21	32.75	4.71
22	34.05	4.61
23	35.42	4.59
24	36.54	4.61
25	37.63	4.64
26	38.77	4.59
27	40.34	4.5
28	41.62	4.51
29	43.16	4.69
30	44.47	4.67
31	46.03	4.75
32	47.49	4.82
33	50.2	5.6
34	50.79	5.21
35	53.03	5.41
36	54.97	5.45
37	60.59	6.71