



Global Health Global Short Form version 1.0 (Parent/Caregiver Report)

Name/ID Number: _____

Date: _____

This short form is designed for parent/caregiver self-report. Items ask about your child's ability to physically perform different activities. Read each item and think about your child's level of difficulty in carrying out the activity. Using the responses below, select the response that best describes your child.

Unable to do = child cannot do this activity even with support or help

With much difficulty = child can do this activity some of the time; requires extra time and strong effort and a lot of caregiver help

With some difficulty = child can do this activity some of the time; requires extra time, modest effort and is likely to need some caregiver help

With little difficulty = child can do this activity; requires extra time and effort; rarely needs caregiver help

Without any difficulty = child can do this activity easily and without caregiver help

Note: If your child typically does not engage in the activity, try to estimate the anticipated level of difficulty. If you cannot estimate, you may skip the item and use the process described for scoring short forms with missing items.

Please select the best response for each item (Mark one box)	Without any difficulty	With a little difficulty	With some difficulty	With much difficulty	Unable to do	Item Score
1. How often is your child's neck stiff?	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	
2. An "activity" means moving around in a wheelchair, walking, or playing games. How often does your child drool with activity?	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	
3. How often does your child drool when sitting quietly?	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	
4. A "rest" means taking a nap, relaxing on a couch or bed, or lying down for more than 15 minutes. How often does your child need time during the day to rest?	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	
5. How often is at least one of your child's arms stiff?	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	
6. How often is your child's body stiff?	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	
7. How often is at least one of your child's legs stiff?	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	
Total Raw (Summed) Score						
Standardized (T-Scale) Score*						

*Convert the Raw Score to the Standardized Score using the Conversion Table on the next page.

Global Health Global Short Form Conversion Table

The Short Form can be scored with missing values using the following process: 1.) calculate the mean score for the completed items; 2.) use the mean score value for the missing item(s) value; 3.) convert the raw score by using the conversion table as you would normally do. NOTE: if more than 50% of the items are missing, the score cannot be estimated.

Convert Raw (Summed) Score to Standardized (T-Scale) Score

Raw Score	T Score	T score SE
0	20.25	5.21
1	23.41	4.73
2	25.41	4.69
3	27.63	4.48
4	29.31	4.57
5	31.11	4.49
6	32.68	4.53
7	34.25	4.48
8	35.7	4.5
9	37.08	4.46
10	38.38	4.46
11	39.6	4.41
12	40.76	4.4
13	41.86	4.36
14	42.91	4.34
15	43.96	4.33
16	44.92	4.32
17	46	4.33
18	46.84	4.37
19	48.06	4.37
20	48.86	4.52
21	50.13	4.47
22	51.22	4.77
23	52.34	4.71
24	54.09	5.11
25	54.96	5.15
26	57.59	5.62
27	58.03	5.55
28	62.7	6.66