



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 Ambulatory

Select the choice that best describes your child.	Unable to Do	Much Difficulty	Some Difficulty	Little Difficulty	Without Difficulty	Item Score
1. My child can run.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
2. My child can walk while carrying a tray of food.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
3. My child can walk up steps to enter a bus.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
4. My child can walk and text on the phone.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
5. My child can walk 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	
6. My child can step down a curb.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
7. My child can walk on grass outside.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
8. My child can change direction by turning around while walking.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
9. My child can walk out of an elevator.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
10. My child can walk from room to room in our home.	<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 Ambulatory Raw Score	T-Scale	Standard Error
0	20.67	3.3
1	23.55	2.3
2	24.59	2.13
3	25.46	2
4	26.28	1.77
5	27.01	1.58
6	27.62	1.48
7	28.18	1.39
8	28.68	1.31
9	29.14	1.28
10	29.61	1.27
11	30.06	1.25
12	30.5	1.22
13	30.91	1.19
14	31.31	1.2
15	31.72	1.21
16	32.14	1.21
17	32.54	1.2
18	32.94	1.19
19	33.33	1.2
20	33.74	1.23
21	34.17	1.25
22	34.59	1.25
23	35.02	1.25
24	35.45	1.27
25	35.9	1.3
26	36.37	1.33
27	36.86	1.36
28	37.37	1.4
29	37.92	1.48
30	38.52	1.57
31	39.19	1.68
32	39.92	1.83
33	40.73	2.02
34	41.64	2.22
35	42.71	2.49
36	44.26	3.28
37	45.58	3.42
38	47.2	3.63
39	49.62	4.05
40	57.35	6.73