



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, Tetraplegia

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. By squeezing the tube with only one hand, I can put toothpaste on a toothbrush.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
3. Using only one hand to hold the fork, I can use a fork to eat.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
4. Using only one hand, I can turn the pages of a book.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
5. Using my hands, I can keyboard.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
6. Using two hands, I can throw a ball.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
7. I can wipe my nose.	<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 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	
9. Using just my hands, I can remove the cap from a marker.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
10. 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	
11. 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	
12. I can make the bed.	<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

Child Daily Routines & Self-Care, Tetraplegia Raw Score	T-Scale	Standard Error
0	23.12	4.12
1	26.25	3.29
2	26.96	3.24
3	27.8	3.15
4	28.61	3.05
5	29.82	2.71
6	30.49	2.64
7	31.17	2.55
8	31.88	2.43
9	32.58	2.31
10	33.16	2.25
11	33.75	2.17
12	34.32	2.1
13	34.87	2.04
14	35.38	2
15	35.88	1.95
16	36.37	1.92
17	36.85	1.88
18	37.31	1.86
19	37.77	1.83
20	38.22	1.81
21	38.67	1.8
22	39.11	1.79
23	39.56	1.78
24	40	1.78
25	40.45	1.78
26	40.9	1.79
27	41.35	1.8
28	41.82	1.81
29	42.29	1.83
30	42.78	1.86
31	43.28	1.9
32	43.81	1.95
33	44.35	1.99
34	44.93	2.06
35	45.55	2.14
36	46.24	2.26
37	46.9	2.34
38	47.67	2.46
39	48.57	2.65
40	49.57	2.95
41	50.33	3.02
42	51.37	3.11
43	52.87	3.36
44	55.63	4.46
45	56.63	4.61
46	57.96	4.71
47	60.86	5.11

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