

ATTACHMENT AC

Form Approved

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Pediatric Evaluation of Disability Inventory

Pediatric Evaluation of Disability Inventory (PEDI)

Public reporting burden of this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).

Part I: Functional Skills

SELF-CARE DOMAIN Place a check corresponding to each item:
Item scores: 0 = unable; 1 = capable

A. Food Textures		UNABLE	CAPABLE
		0	1
1. Eats pureed/blended/strained foods	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Eats ground/lumpy foods	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Eats cut up/chunky/diced foods	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Eats all textures of table food	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

B. Use of Utensils		UNABLE	CAPABLE
		0	1
5. Finger feeds	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Scoops with a spoon and brings to mouth	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Uses a spoon well	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Uses a fork well	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Uses a knife to butter bread, cut soft foods	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

C. Use of Drinking Containers		UNABLE	CAPABLE
		0	1
10. Holds bottle or spout cup	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Lifts cup to drink, but cup may tip	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Lifts open cup securely with two hands	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Lifts open cup securely with one hand	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Pours liquid from carton or pitcher	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

D. Toothbrushing		UNABLE	CAPABLE
		0	1
15. Opens mouth for teeth to be brushed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Holds toothbrush	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17. Brushes teeth; but not a thorough job	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18. Thoroughly brushes teeth	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. Prepares toothbrush with toothpaste	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

E. Hairbrushing		UNABLE	CAPABLE
		0	1
20. Holds head in position while hair is combed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21. Brings brush or comb to hair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22. Brushes or combs hair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
23. Manages tangles and parts hair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

F. Nose Care		UNABLE	CAPABLE
		0	1
24. Allows nose to be wiped	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
25. Blows nose into held tissue	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
26. Wipes nose using tissue on request	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
27. Wipes nose using tissue without request	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
28. Blows and wipes nose without request	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

G. Handwashing		UNABLE	CAPABLE
		0	1
29. Holds hands out to be washed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
30. Rubs hands together to clean	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
31. Turns water on and off, obtains soap	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
32. Washes hands thoroughly	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
33. Dries hands thoroughly	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

H. Washing Body & Face		UNABLE	CAPABLE
		0	1
34. Tries to wash parts of body	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35. Washes body thoroughly, not including face	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
36. Obtains soap (and soaps washcloth, if used)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
37. Dries body thoroughly	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
38. Washes and dries face thoroughly	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

I. Pullover/Front-Opening Garments		UNABLE	CAPABLE
		0	1
39. Assists, such as pushing arms through shirt	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
40. Removes T-shirt, dress or sweater (pullover garment without fasteners)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
41. Puts on T-shirt, dress or sweater	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
42. Puts on and removes front-opening shirt, not including fasteners	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
43. Puts on and removes front-opening shirt, including fasteners	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

J. Fasteners		UNABLE	CAPABLE
		0	1
44. Tries to assist with fasteners	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
45. Zips and unzips, doesn't separate or hook zipper	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
46. Snaps and unsnaps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
47. Buttons and unbuttons	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
48. Zips and unzips, separates and hooks zipper	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

K. Pants		UNABLE	CAPABLE
		0	1
49. Assists, such as pushing legs through pants	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
50. Removes pants with elastic waist	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
51. Puts on pants with elastic waist	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
52. Removes pants, including unfastening	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
53. Puts on pants, including fastening	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

L. Shoes/Socks		UNABLE	CAPABLE
		0	1
54. Removes socks and unfastened shoes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
55. Puts on unfastened shoes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
56. Puts on socks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
57. Puts shoes on correct feet; manages velcro fasteners	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
58. Ties shoelaces	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

M. Toileting Tasks (clothes, toilet management; and wiping only)		UNABLE	CAPABLE
		0	1
59. Assists with clothing management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
60. Tries to wipe self after toileting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
61. Manages toilet seat, gets toilet paper and flushes toilet	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
62. Manages clothes before and after toileting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
63. Wipes self thoroughly after bowel movements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

N. Management of Bladder (Score = 1 if child has previously mastered skill)		UNABLE	CAPABLE
		0	1
64. Indicates when wet in diapers or training pants	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
65. Occasionally indicates need to urinate (daytime)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
66. Consistently indicates need to urinate with time to get to toilet (daytime)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
67. Takes self into bathroom to urinate (daytime)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
68. Consistently stays dry day and night	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

O. Management of Bowel (Score = 1 if child has previously mastered skill)		UNABLE	CAPABLE
		0	1
69. Indicates need to be changed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
70. Occasionally indicates need to use toilet (daytime)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
71. Consistently indicates need to use toilet with time to get to toilet (daytime)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
72. Distinguishes between need for urination and bowel movements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
73. Takes self into bathroom for bowel movements, has no bowel accidents	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

SELF-CARE DOMAIN SUM 22

PLEASE BE SURE YOU HAVE ANSWERED ALL ITEMS.

Comments

CHAPTER 10: PEDI CASE STUDIES

MOBILITY DOMAIN Place a check corresponding to each item:
Item scores: 0 = unable; 1 = capable

	UNABLE	CAPABLE
A. Toilet Transfers		
1. Sits if supported by equipment or caregiver	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Sits unsupported on toilet or potty chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Gets on and off low toilet or potty	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Gets on and off adult-sized toilet	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Gets on and off toilet, not needing own arms	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Chair/Wheelchair Transfers		
6. Sits if supported by equipment or caregiver	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Sits unsupported on chair or bench	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Gets on and off low chair or furniture	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Gets in and out of adult-sized chair/wheelchair	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Gets in and out of chair, not needing own arms	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. Car Transfers		
11. Moves in car; scoots on seat or gets in and out of car seat	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Gets in and out of car with little assistance or instruction	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Gets in and out of car with no assistance or instruction	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Manages seat belt or chair restraint	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15. Gets in and out of car and opens and closes car door	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. Bed Mobility/Transfers		
16. Raises to sitting position in bed or crib	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17. Comes to sit at edge of bed; lies down from sitting at edge of bed	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18. Gets in and out of own bed	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. Gets in and out of own bed, not needing own arms	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. Tub Transfers		
20. Sits if supported by equipment or caregiver in a tub or sink	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21. Sits unsupported and moves in tub	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22. Climbs or scoots in and out of tub	<input checked="" type="checkbox"/>	<input type="checkbox"/>
23. Sits down and stands up from inside tub	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24. Steps/transfers into and out of an adult-sized tub	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F. Indoor Locomotion Methods (Score = 1 if mastered)		
25. Rolls, scoots, crawls, or creeps on floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>
26. Walks, but holds onto furniture, walls, caregivers or uses devices for support	<input checked="" type="checkbox"/>	<input type="checkbox"/>
27. Walks without support	<input checked="" type="checkbox"/>	<input type="checkbox"/>
G. Indoor Locomotion: Distance/Speed (Score = 1 if mastered)		
28. Moves within a room but with difficulty (falls; slow for age)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
29. Moves within a room with no difficulty	<input checked="" type="checkbox"/>	<input type="checkbox"/>
30. Moves between rooms but with difficulty (falls; slow for age)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
31. Moves between rooms with no difficulty	<input checked="" type="checkbox"/>	<input type="checkbox"/>
32. Moves indoors 50 feet; opens and closes inside and outside doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
H. Indoor Locomotion: Pulls/Carries Objects		
33. Changes physical location purposefully	<input checked="" type="checkbox"/>	<input type="checkbox"/>
34. Moves objects along floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35. Carries objects small enough to be held in one hand	<input checked="" type="checkbox"/>	<input type="checkbox"/>
36. Carries objects large enough to require two hands	<input checked="" type="checkbox"/>	<input type="checkbox"/>
37. Carries fragile or spillable objects	<input checked="" type="checkbox"/>	<input type="checkbox"/>

	UNABLE	CAPABLE
I. Outdoor Locomotion: Methods		
38. Walks, but holds onto objects, caregiver, or devices for support	<input checked="" type="checkbox"/>	<input type="checkbox"/>
39. Walks without support	<input checked="" type="checkbox"/>	<input type="checkbox"/>
J. Outdoor Locomotion: Distance/Speed (Score = 1 if mastered)		
40. Moves 10-50 feet (1-5 car lengths)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
41. Moves 50-100 feet (5-10 car lengths)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
42. Moves 100-150 feet (35-50 yards)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
43. Moves 150 feet and longer, but with difficulty (stumbles; slow for age)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
44. Moves 150 feet and longer with no difficulty	<input checked="" type="checkbox"/>	<input type="checkbox"/>
K. Outdoor Locomotion: Surfaces		
45. Level surfaces (smooth sidewalks, driveways)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
46. Slightly uneven surfaces (cracked pavement)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
47. Rough, uneven surfaces (lawns, gravel driveway)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
48. Up and down incline or ramps	<input checked="" type="checkbox"/>	<input type="checkbox"/>
49. Up and down curbs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
L. Upstairs (Score = 1 if child has previously mastered skill)		
50. Scoots or crawls up partial flight (1-11 steps)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
51. Scoots or crawls up full flight (12-15 steps)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
52. Walks up partial flight	<input checked="" type="checkbox"/>	<input type="checkbox"/>
53. Walks up full flight, but with difficulty (slow for age)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
54. Walks up entire flight with no difficulty	<input checked="" type="checkbox"/>	<input type="checkbox"/>
M. Downstairs (Score = 1 if child has previously mastered skill)		
55. Scoots or crawls down partial flight (1-11 steps)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
56. Scoots or crawls down full flight (12-15 steps)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
57. Walks down partial flight	<input checked="" type="checkbox"/>	<input type="checkbox"/>
58. Walks down full flight, but with difficulty (slow for age)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
59. Walks down full flight with no difficulty	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MOBILITY DOMAIN SUM		31

PLEASE BE SURE YOU HAVE ANSWERED ALL ITEMS.

SOCIAL FUNCTION DOMAIN Place a check corresponding to each item: Item scores: 0 = unable; 1 = capable

	UNABLE	CAPABLE
A. Comprehension of Word Meanings		
1. Orients to sound	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Responds to "no"; recognizes own name or that of familiar people	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Understands 10 words	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Understands when you talk about relationships among people and/or things that are visible	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Understands when you talk about time and sequence of events	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Comprehension of Sentence Complexity		
6. Understands short sentences about familiar objects and people	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Understands 1-step commands with words that describe people or things	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Understands directions that describe where something is	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Understands 2-step commands, using if/then, before/after, first/second, etc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Understands two sentences that are about the same subject but have a different form	<input checked="" type="checkbox"/>	<input type="checkbox"/>

C. Functional Use of Communication		UNABLE	CAPABLE
	0	1	
11. Names things	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12. Uses specific words or gestures to direct or request action by another person	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13. Seeks information by asking questions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14. Describes an object or action	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
15. Tells about own feelings or thoughts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

D. Complexity of Expressive Communication		UNABLE	CAPABLE
	0	1	
16. Uses gestures with clear meaning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
17. Uses single word with meaning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
18. Uses two words together with meaning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
19. Uses 4-5 word sentences	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
20. Connects two or more thoughts to tell a simple story	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

E. Problem-resolution		UNABLE	CAPABLE
	0	1	
21. Tries to show you the problem or communicate what is needed to help the problem	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
22. If upset because of a problem, child must be helped immediately or behavior deteriorates	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
23. If upset because of a problem, child can seek help and wait if it is delayed a short time	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
24. In ordinary situations, child can describe the problem and his/her feelings with some detail (usually does not act out)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
25. Faced with an ordinary problem, child can join adult in working out a solution	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

F. Social Interactive Play (Adults)		UNABLE	CAPABLE
	0	1	
26. Shows awareness and interest in others	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
27. Initiates a familiar play routine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
28. Takes turn in simple play when cued for turn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
29. Attempts to imitate adult's previous action during a play activity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
30. During play child may suggest new or different steps, or respond to adult suggestion with another idea	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

G. Peer Interactions: (Child of similar age)		UNABLE	CAPABLE
	0	1	
31. Notices presence of other children, may vocalize and gesture toward peers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
32. Interacts with other children in simple and brief episodes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
33. Tries to work out simple plans for a play activity with another child	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
34. Plans and carries out cooperative activity with other children; play is sustained and complex	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
35. Plays activities or games that have rules	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

H. Play with Objects		UNABLE	CAPABLE
	0	1	
36. Manipulates toys, objects or body with intent	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
37. Uses real or substituted objects in simple pretend sequences	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
38. Puts together materials to make something	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
39. Makes up extended pretend play routines involving things the child knows about	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
40. Makes up elaborate pretend sequences from imagination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

I. Self-Information		UNABLE	CAPABLE
	0	1	
41. Can state first name	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
42. Can state first and last name	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
43. Provides names and descriptive information about family members	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
44. Can state full home address; if in hospital, name of hospital and room number	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
45. Can direct an adult to help child return home or back to the hospital room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

J. Time Orientation		UNABLE	CAPABLE
	0	1	
46. Has a general awareness of time of mealtimes and routines during the day	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
47. Has some awareness of sequence of familiar events in a week	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
48. Has very simple time concepts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
49. Associates a specific time with actions/events	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
50. Regularly checks clock or asks for the time in order to keep track of schedule	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

K. Household Chores		UNABLE	CAPABLE
	0	1	
51. Beginning to help care for own belongings if given constant direction and guidance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
52. Beginning to help with simple household chores if given constant direction and guidance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
53. Occasionally initiates simple routines to care for own belongings; may require physical help or reminders to complete	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
54. Occasionally initiates simple household chores; may require physical help or reminders to complete	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
55. Consistently initiates and carries out at least one household task involving several steps and decisions; may require physical help	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

L. Self-Protection		UNABLE	CAPABLE
	0	1	
56. Shows appropriate caution around stairs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
57. Shows appropriate caution around hot or sharp objects	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
58. When crossing the street with an adult present, child does not need prompting about safety rules	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
59. Knows not to accept rides, food or money from strangers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
60. Crosses busy street safely without an adult	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

M. Community Function		UNABLE	CAPABLE
	0	1	
61. Child may play safely at home without being watched constantly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
62. Goes about familiar environment outside of home with only periodic monitoring for safety	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
63. Follows guidelines/expectations of school and community setting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
64. Explores and functions in familiar community settings without supervision	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
65. Makes transaction in neighborhood store without assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

SOCIAL FUNCTION DOMAIN SUM	26
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PLEASE BE SURE YOU HAVE ANSWERED ALL ITEMS.

Comments

Parts II and III: Caregiver Assistance and Modification

Circle the appropriate score for Caregiver Assistance and Modification for each item.

SELF-CARE DOMAIN

	Caregiver Assistance Scale						Modification Scale			
	Independent	Supervision	Minimal	Moderate	Maximal	Total	None	Child	Rehab	Extensive
	5	4	3	2	1	0	N	C	R	E
A. Eating: eating and drinking regular meal; do not include cutting steak, opening containers or serving food from serving dishes	5	4	3	2	1	0	N	C	R	E
B. Grooming: brushing teeth, brushing or combing hair and caring for nose	5	4	3	2	1	0	N	C	R	E
C. Bathing: washing and drying face and hands, taking a bath or shower; do not include getting in and out of a tub or shower, water preparation, or washing back or hair	5	4	3	2	1	0	N	C	R	E
D. Dressing Upper Body: all indoor clothes, not including back fasteners; include help putting on or taking off splint or artificial limb; do not include getting clothes from closet or drawers	5	4	3	2	1	0	N	C	R	E
E. Dressing Lower Body: all indoor clothes, include putting on or taking off brace or artificial limb; do not include getting clothes from closet or drawers	5	4	3	2	1	0	N	C	R	E
F. Toileting: clothes, toilet management or external device use, and hygiene; do not include toilet transfers, monitoring schedule, or cleaning up after accidents	5	4	3	2	1	0	N	C	R	E
G. Bladder Management: control of bladder day and night, clean-up after accidents, monitoring schedule	5	4	3	2	1	0	N	C	R	E
H. Bowel Management: control of bowel day and night, clean-up after accidents, monitoring schedule	5	4	3	2	1	0	N	C	R	E

Self-Care Totals **SELF-CARE SUM** 7 5 3 0 0

Self-Care Modification Frequencies

MOBILITY DOMAIN

A. Chair/Toilet Transfers: child's wheelchair, adult-sized chair, adult-sized toilet	5	4	3	2	1	0	N	C	R	E
B. Car Transfers: mobility within car/van, seat belt use, transfers, and opening and closing doors	5	4	3	2	1	0	N	C	R	E
C. Bed Mobility/Transfers: getting in and out and changing positions in child's own bed	5	4	3	2	1	0	N	C	R	E
D. Tub Transfers: getting in and out of adult-sized tub	5	4	3	2	1	0	N	C	R	E
E. Indoor Locomotion: 50 feet (3-4 rooms); do not include opening doors or carrying objects	5	4	3	2	1	0	N	C	R	E
F. Outdoor Locomotion: 150 feet (15 car lengths) on level surfaces; focus on physical ability to move outdoors (do not consider compliance or safety issues such as crossing streets)	5	4	3	2	1	0	N	C	R	E
G. Stairs: climb and descend a full flight of stairs (12-15 steps)	5	4	3	2	1	0	N	C	R	E

Mobility Totals **MOBILITY SUM** 21 5 2 0 0

Mobility Modification Frequencies

SOCIAL FUNCTION DOMAIN

A. Functional Comprehension: understanding of requests and instructions	5	4	3	2	1	0	N	C	R	E
B. Functional Expression: ability to provide information about own activities and make own needs known; include clarity of articulation	5	4	3	2	1	0	N	C	R	E
C. Joint Problem Solving: include communication of problem and working with caregiver or other adult to find a solution; include only ordinary problems occurring during daily activities; (for example, lost toy; conflict over clothing choices.)	5	4	3	2	1	0	N	C	R	E
D. Peer Play: ability to plan and carry out joint activities with a familiar peer	5	4	3	2	1	0	N	C	R	E
E. Safety: caution in routine daily safety situations, including stairs, sharp or hot objects and traffic	5	4	3	2	1	0	N	C	R	E

Social Function Totals **SOCIAL FUNCTION SUM** 5 5 0 0 0

Social Function Modification Frequencies