

Name _____ Age _____ Disability _____

CHART A	First visit (date _____)			Second visit (date _____)		
	without help	little help	lots of help	without help	little help	lots of help
Daily activities						
Feeding						
1. How does the child eat?	4	2	0	4	2	0
2. How does the child drink?	4	2	0	4	2	0
Dressing and washing						
3. Does child wash face and body?	4	2	0	4	2	0
4. Does child dress?	4	2	0	4	2	0
5. Does child put on orthopedic equipment?	4	2	0	4	2	0
Bowel and bladder care and control						
6. Does child stay clean (bowel control)?	4	2	0	4	2	0
7. Does child clean herself after shitting?	4	2	0	4	2	0
8. Does child stay dry during the day?	4	2	0	4	2	0
9. Does child stay dry at night?	4	2	0	4	2	0
Mobility/transfers						
10. Does child move from chair to bed and back?	4	2	0	4	2	0
11. Does child move from floor to bed and back?	4	2	0	4	2	0
Movement						
12. Walks on flat surface?	4	2	0	4	2	0
13. Walks on uneven surface?	4	2	0	4	2	0
14. Climbs up and down stairs?	4	2	0	4	2	0
15. Uses a wheelboard or wheelchair?	4	2	0	4	2	0
16. Does child crawl?	4	2	0	4	2	0
Social activities/communication						
17. Does child help with housework or farm work?	4	2	0	4	2	0
18. Does child play with other children?	4	2	0	4	2	0
19. Does child go to school?	4	2	0	4	2	0
20. Does child speak?	4	2	0	4	2	0
21. Does child communicate with signs or gestures?	4	2	0	4	2	0
Total _____				Total _____		

CHART B	First visit	Second visit			
Quality of activities	make notes for comparison here	much better	a little better	same	worse
Does child move about better?		4	2	0	-4
Does he sit in a better position?		4	2	0	-4
Does he walk better (straighter, with less limp, or with less support)?		4	2	0	-4
Does he walk farther, faster, or easier?		4	2	0	-4
Are his joints straighter (less contractures)?		4	2	0	-4
hip?		4	2	0	-4
knee?		4	2	0	-4
ankle?		4	2	0	-4
Can the child do things he could not do before?		4	2	0	-4
feeding?		4	2	0	-4
bathing?		4	2	0	-4
dressing?		4	2	0	-4
toileting?		4	2	0	-4
Does he play with things better?		4	2	0	-4
Does he speak or communicate better?		4	2	0	-4
Does he get along with other children better?		4	2	0	-4
Does he seem happier or more self-confident?		4	2	0	-4
Has he improved or got worse in other ways?		4	2	0	-4
In what ways? _____					

Total _____					