

Functional Disability Inventory

Parent Form

When people are sick or not feeling well it is sometimes difficult for them to do their regular activities. In the past two weeks, would your child have had **any physical trouble or difficulty doing these activities?**

	<u>No Trouble</u>	<u>A Little Trouble</u>	<u>Some Trouble</u>	<u>A Lot of Trouble</u>	<u>Impossible</u>
1. Walking to the bathroom.	0	1	2	3	4
2. Walking up stairs.	0	1	2	3	4
3. Doing something with a friend. (For example, playing a game.)	0	1	2	3	4
4. Doing chores at home.	0	1	2	3	4
5. Eating regular meals.	0	1	2	3	4
6. Being up all day without a nap or rest.	0	1	2	3	4
7. Riding the school bus or traveling in the car.	0	1	2	3	4
<i>Remember, you are being asked about difficulty due to physical health.</i>					
8. Being at school all day.	0	1	2	3	4
9. Doing the activities in gym class (or playing sports).	0	1	2	3	4
10. Reading or doing homework.	0	1	2	3	4
11. Watching TV.	0	1	2	3	4
12. Walking the length of a football field.	0	1	2	3	4
13. Running the length of a football field.	0	1	2	3	4
14. Going shopping.	0	1	2	3	4
15. Getting to sleep at night and staying asleep.	0	1	2	3	4