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| **Abbreviation**  | **Full Prompt** |
| Daily Routine | "I can do most of my daily routine without assistance" |
| Dressing  | "I can dress myself" |
| Feelings About Condition  | "I feel okay with my condition" |
| Friend Activities | "I can participate in all the activities my friends do” |
| Home Mobility | “I can move around the house without help” |
| Limitations at School | “I have no limitations when I am at school” |
| Pain in Activities | “Pain/discomfort stops me from doing the things I want to do” |
| Pain Lying and Sitting | “I feel no pain when I lie down on a bed/sit on a chair” |
| Standing | “I can stand with no problem” |