

Spinal Cord Injury Person-Perceived Participation in Daily Activities Questionnaire (SCI-PDAQ)

26 Life Activities (Activities of Daily Living and Social Roles)*

1. Communicating with others by electronic means
 2. Communicating with others
 3. Feeding yourself
 4. Grooming
 5. Carrying-out financial responsibilities
 6. Performing bladder care
 7. Moving from one place to another using transportation
 8. Maintaining relationships with others
 9. Maintaining your mental well-being
 10. Dressing and undressing
 11. Performing bowel care
 12. Washing
 13. Moving from one place to another in nearby surrounding
 14. Carrying-out civic responsibilities
 15. Accessing services in your community
 16. Preparing meals
 17. Carrying-out family responsibilities
 18. Maintaining or forming a new spouse/partner relationship
 19. Carrying-out productive activities that are unpaid
 20. Participating in activities and organisations
 21. Maintaining your physical Health
 22. Participating in leisure and recreational activities
 23. Carrying-out activities related to your home
 24. Carrying-out productive activities that you are paid for
 25. Participating in holiday and traveling activities
 26. Activities that prepare you to start working in a paid job
-

** All items arise from the World Health Organisation International Classification of Functioning, Disability and Health, category: Participation*

SCI-PDAQ Questionnaire

The following 4 questions are answered for each of the 26 life activities.

Questions:		Answers:
1.	Do you participate in this activity? (CHECK ONE)	<input type="checkbox"/> 1. Yes - as much as I want.
		<input type="checkbox"/> 2. Yes <input type="checkbox"/> but less than I want.
		<input type="checkbox"/> 3. No - but I would like to do it. → SKIP TO QUESTION 4
		<input type="checkbox"/> 4. No <input type="checkbox"/> and I don't want to do it. → SKIP TO NEXT ACTIVITY
2.	To participate in this activity, what kind of assistance do you generally need? (CHECK ALL THAT APPLY)	<input type="checkbox"/> 1. No assistance: I do not need any equipment, devices, environmental changes, or a person.
		<input type="checkbox"/> 2. Equipment or device: For instance, I need: a wheelchair, a transfer board, a wheelchair lift system, etc.
		<input type="checkbox"/> 3. Change to the environment: For instance, I need: cut-away curbs, ramps, extra wide doors, etc.
		<input type="checkbox"/> 4. Some assistance: Somebody helps me and does <u>less than 50%</u> of the activity.
		<input type="checkbox"/> 5. A lot of assistance: Somebody helps me and does <u>more than 50%</u> of the activity.
3.	When you do the activity in the way that is most usual for you (including any types of assistance previously mentioned), how much difficulty do you have? (CHECK ONE)	<input type="checkbox"/> 1. None → SKIP TO NEXT ACTIVITY
		<input type="checkbox"/> 2. Mild
		<input type="checkbox"/> 3. Moderate
		<input type="checkbox"/> 4. Severe
		<input type="checkbox"/> 5. Extreme (I cannot do it.)
4.	FROM QUESTION 1: Why don't you do it as much as you want to? (CHECK ALL THAT APPLY) <u>OR</u> FROM QUESTION 3: What makes it difficult (or not possible) to do this activity? (CHECK ALL THAT APPLY)	<input type="checkbox"/> 1. Disability - My physical disability limits my participation.
		<input type="checkbox"/> 2. Assistance - I need more physical assistance than I can get.
		<input type="checkbox"/> 3. Environment - Something in the environment is a barrier (e.g. surroundings, weather).
		<input type="checkbox"/> 4. Discrimination - In some way, I feel embarrassed or discriminated against.
		<input type="checkbox"/> 5. Thinking - My <input type="checkbox"/> thinking skills <input type="checkbox"/> are affected (e.g. memory, concentration, planning, etc.)
		<input type="checkbox"/> 6. Emotional - Emotionally, it's tough for me.
		<input type="checkbox"/> 7. Nothing - The activity is not difficult for me to do.