

PT/OT Pediatric Outcomes Form (version 1.5)



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Last Name										First	name							
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During the <u>past week</u> , has your child been limited in any of the following activities due to HEALTH problems? 2. Doing things that take some energy such as riding a bike or skating?																		
Yes, limited O	l a lot	Yes, I	imited O	d som	e \	es, li	imited O	a little	N	o, not li O	mited							
3. Bending	, lifting,	or stoo	pingʻ	?														
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4. During the could do									KIND	of scho	oolwork	or acti	ivities	with	frien	ids h	e/sh	9
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Yes, limited	d a lot	Yes,	limite O	d som	ne '	Yes, I	limited O	a little	Ν	lo, not l O	imited							
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