Children's Therapy Network LLC

PHYSICAL THERAPY QUESTIONNAIRE

For the following skills, please select Yes or No:

Walking (without tripping and falling)	☐Yes	☐No
Walking in public places	☐Yes	☐No
Running (without tripping and falling)	☐Yes	☐No
Uses wheelchair	☐Yes	☐No
Galloping	☐Yes	☐No
Skipping	☐Yes	☐No
Pedaling bike	☐Yes	☐No
Throwing ball overhand	☐Yes	☐No
Negotiating the stairs (up and down)	☐Yes	☐No
Negotiating playground equipment	☐Yes	☐No
Jumping off of step	☐Yes	☐No
Hopping on one foot	☐Yes	☐No
Kicking a soccer ball	☐Yes	☐No

Please check any of the following that describes the client:

- ☐Prefers to "w" sit
- ☐Walks on toes (instead of through the whole foot)
- ☐Prefers to run instead of walk
- ☐Has difficulty sitting still for prolonged periods (including mealtimes)
- ☐Runs on toes
- ☐Trips and falls often
- ☐If so, indicate the number of times per day: ____
- ☐Hesitant to go on playground equipment
- ☐Avoids swings
- ☐Avoids slides
- ☐Has difficulty keeping up with peers
- ☐Fatigues easily
- ☐Runs into things often