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**Balance / Function Questionnaire for Pediatric Patients**

1. Is your child able to sit independently without supervision?
  
2. Is your child able to stand independently without supervision?
  
3. Is your child able to toilet by themselves?  
(Not just is he/she potty trained, but does your child have the balance needed to move safely by him/herself in the bathroom. If no, describe what kind of help your child needs)
  
4. Is your child able to climb in and out of the car independently?
  
5. On long trips in the community, such as grocery or Walmart shopping:  
 My child stays in the car seat/stroller/wheelchair  
 I don't take my child with me on such trips – it is too difficult.  
 My child rides in the cart and can maintain his balance  
 My child uses a walker and can make the trip without difficulty  
 My child can walk independently but needs either frequent rests or shorter trips  
 My child can walk independently, needs no assistance and the only limitation is his attention – not physical ability
  
6. If your child attends school, how does he/she get to the cafeteria?
  
7. How often does your child fall (can answer either per week or per day, as appropriate)
  
8. Is there anything that adversely affects your child's balance (seizures, medication, a knee that buckles, laughter, a strong startle response, etc).
  
9. Is there anything else you would like us to know about your child's balance or function?

