Strength Impact – Short Form 8a

Please respond to each question or statement by marking one box per row.

	In the past 7 days…	**No days**	**1 day**	**2-3 days**	**4-5 days**	**6-7 days**
PAC_S_015_PXR1	How many days was your child strong enough to carry heavy things with his/her hands?.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
PAC_S_016_PXR1	How many days was your child strong enough to go up and down stairs?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
PAC_S_018_PXR1	How many days was your child strong enough to open a heavy door?.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
PAC_S_022_PXR1	How many days was your child strong enough to jump up and down?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
PAC_S_023_PXR1	How many days was your child strong enough to pour a drink from a full pitcher or carton?.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
PAC_S_025_PXR1	How many days was your child strong enough to open a jar by himself/herself? ...	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
PAC_S_113_PXR1	How many days was your child strong enough to lift heavy things over his/her head?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
PAC_S_017_PXR1	How many days was your child strong enough to reach above his/her head to get heavy things?.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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