

# CHILDHOOD HEALTH ASSESSMENT QUESTIONNAIRE

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In this section we are interested in learning how your child's illness affects his/her ability to function in daily life. Please feel free to add any comments on the back of this page. In the following questions, please check the one response which best describes your child's usual activities (averaged over an entire day) **OVER THE PAST WEEK**. **ONLY NOTE THOSE DIFFICULTIES OR LIMITATIONS WHICH ARE DUE TO ILLNESS**. If most children at your child's age are not expected to do a certain activity, please mark it as "Not Applicable". **For example, if your child has difficulty in doing a certain activity or is unable to do it because he/she is too young but not because he/she is RESTRICTED BY ILLNESS, please mark it as "NOT Applicable"**.

	Without ANY Difficulty	With SOME Difficulty	With MUCH Difficulty	UNABLE To do	Not Applicable
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### DRESSING & GROOMING

Is your child able to:

- |   |                          |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 6 - Dress, including tying shoelaces and doing buttons? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 - Shampoo his/her hair?                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 - Remove socks?                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 - Cut fingernails?                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### ARISING

Is your child able to:

- |   |                          |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 12 - Stand up from a low chair or floor?          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 - Get in and out of bed or stand up in a crib? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### EATING

Is your child able to:

- |                                       |                          |                          |                          |                          |                          |
|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 16 - Cut his/her own meat?            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 - Lift up a cup or glass to mouth? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18 - Open a new cereal box?           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### WALKING

Is your child able to:

- |                                    |                          |                          |                          |                          |                          |
|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 21 - Walk outdoors on flat ground? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22 - Climb up five steps?          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

23 \* Please check any AIDS or DEVICES that your child usually uses for any of the above activities:

- |                 |                          |  |                          |
|-----------------|--------------------------|--|--------------------------|
| 24 - Cane       | <input type="checkbox"/> | - Devices used for dressing (button hook, zipper pull, long-handled shoe horn, etc.) | <input type="checkbox"/> |
| 25 - Walker     | <input type="checkbox"/> | - Built up pencil or special utensils  | <input type="checkbox"/> |
| 26 - Crutches   | <input type="checkbox"/> | - Special or built up chair  | <input type="checkbox"/> |
| 27 - Wheelchair | <input type="checkbox"/> | - Other (Specify: _____)   | <input type="checkbox"/> |

28 \* Please check any categories for which your child usually needs help from another person BECAUSE OF ILLNESS:

- |                            |                          |           |                          |
|----------------------------|--------------------------|-----------|--------------------------|
| 29 - Dressing and Grooming | <input type="checkbox"/> | - Eating  | <input type="checkbox"/> |
| 30 - Arising               | <input type="checkbox"/> | - Walking | <input type="checkbox"/> |

31		<u>Without ANY Difficulty</u>	<u>With SOME Difficulty</u>	<u>With MUCH Difficulty</u>	<u>UNABLE To do</u>	<u>Not Applicable</u>
32	<b>HYGIENE</b>					
33	Is your child able to:					
34	Wash and dry entire body?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	Take a tub bath (get in and out of tub)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	Get on and off the toilet or potty chair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37	Brush teeth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	Comb/brush hair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	<b>REACH</b>					
40	Is your child able to:					
41	Reach and get down a heavy object such as a large game or books from just above his/her head?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	Bend down to pick up clothing or a piece of paper from the floor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43	Pull on a sweater over his/her head?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44	Turn neck to look back over shoulder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45	<b>GRIP</b>					
46	Is your child able to:					
47	Write or scribble with pen or pencil?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48	Open car doors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49	Open jars which have been previously opened?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50	Turn faucets on and off?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51	Push open a door when he/she has to turn a door knob?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52	<b>ACTIVITIES</b>					
53	Is your child able to:					
54	Run errands and shop?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55	Get in and out of a car or toy car or school bus?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56	Ride bike or tricycle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57	Do household chores (e.g. wash dishes, take out trash, vacuuming, yardwork, make bed, clean room)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58	Run and play?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59	<b>* Please check any AIDS or DEVICES that your child usually uses for any of the above activities:</b>					
60	Raised toilet seat	<input type="checkbox"/>	- Bathtub bar			<input type="checkbox"/>
61	Bathtub seat	<input type="checkbox"/>	- Long-handled appliances for reach			<input type="checkbox"/>
62	Jar opener (for jars previously opened)	<input type="checkbox"/>	- Long-handled appliances in bathroom			<input type="checkbox"/>
63	<b>* Please check any categories for which your child usually needs help from another person BECAUSE OF ILLNESS:</b>					
64	Hygiene	<input type="checkbox"/>	- Gripping and opening things			<input type="checkbox"/>
65	Reach	<input type="checkbox"/>	- Errands and chores			<input type="checkbox"/>
66	<b>PAIN:</b> We are also interested in learning whether or not your child has been affected by pain because of his or her illness. How much pain do you think your child has had because of his/her illness IN THE PAST WEEK? Place a mark on the line below, to indicate the severity of the pain					
67	No pain	0	-----			100 Very severe pain
68	<b>GLOBAL EVALUATION:</b> Considering all the ways that arthritis affects your child, rate how he/she is doing by placing a single mark on the line below.					
69	Very well	0	-----			100 Very poor