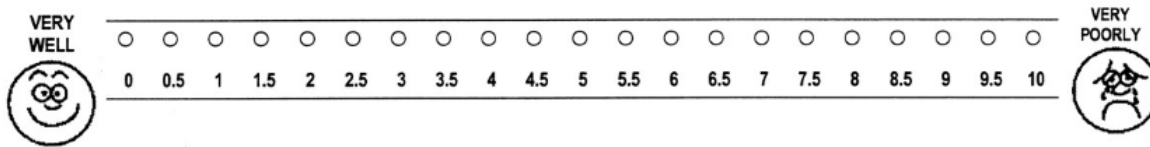


Patient /Parent Global Assessment:

Over last 2 weeks, how would you rate overall wellbeing of you/your child, as related to JIA:



PROMIS ASSESSMENTS (lower score indicates better function, max 40 points each)

Parent Proxy Mobility – Short Form 8a

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

In the past 7 days...		With no trouble	With a little trouble	With some trouble	With a lot of trouble	Not able to do
Pf1mobl3r	My child could do sports and exercise that other kids his/her age could do.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Pf3mobl9r	My child could get up from the floor	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Pf4mobl4r	My child could keep up when he/she played with other kids	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Pf3mobl8r	My child could move his/her legs	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Pf3mobl3r	My child could stand up without help	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Pf2mobl7r	My child could stand up on his/her tiptoes	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Pf2mobl4r	My child could walk up stairs without holding on to anything.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Pf1mobl1r	My child has been physically able to do the activities he/she enjoys most	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

Parent Proxy Upper Extremity – Short Form 8a

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

In the past 7 days...		With no trouble	With a little trouble	With some trouble	With a lot of trouble	Not able to do
P2uprod3r	My child could button his/her shirt or pants	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
P4uprod1r	My child could open a jar by himself/herself	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
P3uprod11r	My child could open the rings in school binders	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
P4uprod10r	My child could pour a drink from a full pitcher	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
P3uprod4r	My child could pull a shirt on over his/her head without help	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
P3uprod2r	My child could pull open heavy doors	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
P2uprod2r	My child could put on his/her shoes without help	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
P3uprod7r	My child could use a key to unlock a door	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

Pediatric Pain Interference – Short Form 8a

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

In the past 7 days...		Never	Almost Never	Sometimes	Often	Almost Always
1026bR1r	I felt angry when I had pain	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2035R1r	I had trouble doing schoolwork when I had pain	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3793R1r	I had trouble sleeping when I had pain.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
9004r	It was hard for me to pay attention when I had pain.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2045R1r	It was hard for me to run when I had pain .	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2049R1r	It was hard for me to walk one block when I had pain	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
1703R1r	It was hard to have fun when I had pain.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2180R1r	It was hard to stay standing when I had pain	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5