

## Parent Proxy Upper Extremity

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
Pf3uprext4r	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
Pf2uprext2r	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
Pf3uprext6r	My child could zip up his/her clothes .....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Pf3uprext3r	My child could put toothpaste on his/her toothbrush without help.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Pf2uprext3r	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
Pf1uprext2r	My child could put on his/her clothes without help.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Pf1uprext4r	My child could pull on and fasten his/her seatbelt.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Pf3uprext2r	My child could put on his/her socks without help.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Pf2uprext7r	My child could cut paper with scissors .....	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Pf4uprext9r	My child could open his/her clothing drawers .....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

In the past 7 days...		With no	With a	With some	With a	Not able
		trouble	little	trouble	lot of	to do
Pf3uprext5r	My child could hold a full cup .....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Pf2uprext5r	My child could lift a cup to drink.....	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Pf2uprext4r	My child could use a mouse or touch pad for the computer .....	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Pf2uprext8r	My child could wash his/her face with a cloth .....	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Pf3uprext7r	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
Pf3uprext11r	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
Pf4uprext10r	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
Pf1uprext1r	My child could tie shoelaces without help .....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Pf4uprext12r	My child could dry his/her back with a towel .....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Pf4uprext4r	My child could turn door handles without help .....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Pf4uprext1r	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
Pf3uprext9r	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

<b>In the past 7 days...</b>		<b>With no</b>	<b>With a</b>	<b>With some</b>	<b>With a</b>	<b>Not able</b>
		<b>trouble</b>	<b>little</b>	<b>trouble</b>	<b>lot of</b>	<b>to do</b>
Pf3uprext8r	My child could dial a phone .....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Pf1uprext3r	My child could hold an empty cup .....	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Pf2uprext1r	My child could move his/her hands or fingers .....	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Pf4uprext3r	My child could brush his/her teeth without help .....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Pf4uprext2r	My child could write with a pen or pencil .....	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<b>In the past 7 days...</b>		<b>Never</b>	<b>Almost</b>	<b>Sometimes</b>	<b>Often</b>	<b>Almost</b>
Pf3mobil4r2	My child needed help with a bath .....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Pf3uprext12r2	My child used a pencil with a special grip to write .....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1