Parent Proxy Profile – 49

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

	Physical Function Mobility **In the past 7 days…**	**With no trouble**	**With a little trouble**	**With some trouble**	**With a lot of trouble**	**Not able to do**
Pf1mobil3r	My child could do sports and exercise that other kids his/her age could do	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
Pf3mobil9r	My child could get up from the floor.....	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
Pf2mobil4r	My child could walk up stairs without holding on to anything	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
Pf1mobil1r	My child has been physically able to do the activities he/she enjoys most.....	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
Pf4mobil4r	My child could keep up when he/she played with other kids.....	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
Pf2mobil7r	My child could stand up on his/her tiptoes.....	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
Pf3mobil8r	My child could move his/her legs.....	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
Pf3mobil3r	My child could stand up without help.....	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
	Anxiety **In the past 7 days...**	**Never**	**Almost Never**	**Sometimes**	**Often**	**Almost Always**
Pf2anxiety1r	My child felt like something awful might happen	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pf1anxiety8r	My child felt nervous	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pf2anxiety9r	My child felt worried	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pf1anxiety1r	My child got scared really easy	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pf2anxiety2r	My child felt scared	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pf2anxiety4r	My child worried when he/she went to bed at night.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pf2anxiety5r	My child worried when he/she was at home.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pf1anxiety3r	My child worried about what could happen to him/her	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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	Depressive Symptoms **In the past 7 days...**	**Never**	**Almost Never**	**Sometimes**	**Often**	**Almost Always**
Pf1depr7r	My child felt everything in his/her life went wrong.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pf2depr10r	My child felt lonely.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pf2depr3r	My child felt sad	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pf2depr6r	It was hard for my child to have fun	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pf2depr7r	My child could not stop feeling sad.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pf1depr5r	My child felt like he/she couldn't do anything right	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pf1depr4r	My child felt alone	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pf2depr11r	My child felt unhappy	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

	Fatigue **In the past 7 days...**	**Never**	**Almost Never**	**Sometimes**	**Often**	**Almost Always**
Pf2fatigue8r	Being tired made it hard for my child to keep up with schoolwork	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pf4fatigue3r	My child got tired easily	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pf3fatigue8r	My child was too tired to do sports or exercise	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pf4fatigue4r	My child was too tired to enjoy the things he/she likes to do.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pf4fatigue8r	My child felt weak	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pf2fatigue4r	My child had trouble finishing things because he/she was too tired	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pf3fatigue7r	My child had trouble starting things because he/she was too tired	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pf3fatigue12r	My child was so tired it was hard for him/her to pay attention	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

	Peer Relationships **In the past 7 days…**	**Never**	**Almost Never**	**Sometimes**	**Often**	**Almost Always**
Pf3socabil9r	My child felt accepted by other kids his/her age	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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	Peer Relationships **In the past 7 days…**	**Never**	**Almost Never**	**Sometimes**	**Often**	**Almost Always**
Pf4socabil12r	My child was able to count on his/her friends	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pf2socrole4r	My child and his/her friends helped each other out	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pf1socabil2r	Other kids wanted to be my child's friend	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pf3socabil4r	My child was good at making friends.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pf3socrole4r	Other kids wanted to be with my child	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pf4socabil10r	My child was able to talk about everything with his/her friends	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pf2socabil9r	Other kids wanted to talk to my child.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

	Pain Interference **In the past 7 days…**	**Never**	**Almost Never**	**Sometimes**	**Often**	**Almost Always**
Pf2pain5r	My child had trouble sleeping when he/she had pain.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pf3pain2r	It was hard for my child to pay attention when he/she had pain	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pf2pain4r	It was hard for my child to run when he/she had pain.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pf1pain4r	It was hard for my child to walk one block when he/she had pain	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pf3pain4r	It was hard for my child to have fun when he/she had pain.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pf4pain6r	It was hard for my child to stay standing when he/she had pain	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pf3pain7r	My child felt angry when he/she had pain.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pf2pain2r	My child had trouble doing schoolwork when he/she had pain	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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Pain Intensity

In the past 7 days…

prx9033R1	How bad was your child's pain on average?	☐ 0 **No pain**	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☐ 9	☐ 10 **Worst pain you can think of**

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