# Parent Proxy Profile – 37

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

| | **Physical Function Mobility**<br>**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 |
| | **Anxiety**<br>**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 |
| Pf2anxiety5r | My child worried when he/she was at home ..... | ☐ 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 |
| | **Depressive Symptoms**<br>**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 |


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| | **Depressive Symptoms**<br>**In the past 7 days...** | **Never** | **Almost Never** | **Sometimes** | **Often** | **Almost Always** |
|---|---|---|---|---|---|---|
| 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 |

| | **Fatigue**<br>**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 |

| | **Peer Relationships**<br>**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 |
| 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 |

| | **Pain Interference**<br>**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 or she had pain ..... | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |


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**Pain Interference**
**In the past 7 days…**

| | | Never | Almost Never | Sometimes | Often | Almost Always |
|---|---|---|---|---|---|---|
| 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 |

**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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