IMACS FORM 05b: CHILDHOOD HEALTH ASSESSMENT QUESTIONNAIRE

Subject's IMACS number _____
Person Completing: ___Mother ___Father ___Patient ___Other_____
Date of assessment (mm/dd/yy) _____
Assessment number _____

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 (average 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 "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 "Not Applicable".

	Without ANY Difficulty	With SOME Difficulty	With MUCH Difficulty	UNABLE To do	NOT Applicable
DRESSING & GROOMING					
Is your child able to:					
-Dress, including tying shoelaces and doing buttons?	◯	◯	◯	◯	◯
-Shampoo his/her hair?	◯	◯	◯	◯	◯
-Remove socks?	◯	◯	◯	◯	◯
-Cut fingernails?	◯	◯	◯	◯	◯
ARISING					
Is your child able to:					
-Stand up from a low chair or floor?	◯	◯	◯	◯	◯
-Get in and out of bed or stand up in crib?	◯	◯	◯	◯	◯
EATING					
Is your child able to:					
-Cut his /her own meat?	◯	◯	◯	◯	◯
-Lift a cup or glass to mouth?	◯	◯	◯	◯	◯
-Open a new cereal box?	◯	◯	◯	◯	◯
WALKING					
Is your child able to:					
-Walk outdoors on flat ground?	◯	◯	◯	◯	◯
-Climb up five steps?	◯	◯	◯	◯	◯

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

- ☐ Cane
- ☐ Walker
- ☐ Crutches
- ☐ Wheelchair
- ☐ Devices used for dressing (button hook, zipper pull, long-handled shoe horn, etc)
- ☐ Built up pencil or special utensils
- ☐ Special or built up chair
- ☐ Other (Specify:_____)

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

- ☐ Dressing and Grooming
- ☐ Arising
- ☐ Eating
- ☐ Walking

	Without ANY Difficulty	With SOME Difficulty	With MUCH Difficulty	UNABLE To do	Not Applicable
HYGIENE					
Is your child able to:					
-Wash and dry entire body?	◯	◯	◯	◯	◯
-Take a tub bath (get in & out of tub)?	◯	◯	◯	◯	◯
-Get on and off the toilet or potty chair?	◯	◯	◯	◯	◯
-Brush teeth?	◯	◯	◯	◯	◯
-Comb/brush hair?	◯	◯	◯	◯	◯
REACH					
Is your child able to:					
-Reach and get down a heavy object such as a large game or books from just above his/her head?	◯	◯	◯	◯	◯
-Bend down to pick up clothing or a piece of paper from the floor?	◯	◯	◯	◯	◯
-Pull on a sweater over his/her head? head?	◯	◯	◯	◯	◯
-Turn neck to look back over shoulder?	◯	◯	◯	◯	◯
GRIP					
Is your child able to:					
-Write or scribble with pen or pencil?	◯	◯	◯	◯	◯
-Open car doors?	◯	◯	◯	◯	◯
-Open jars which have been previously opened?	◯	◯	◯	◯	◯
-Turn faucets on and off?	◯	◯	◯	◯	◯
-Push open a door when he/she to turn a door knob?	◯	◯	◯	◯	◯
ACTIVITIES					
Is your child able to:					
-Run errands and shop?	◯	◯	◯	◯	◯
-Get in and out of car or toy car or school?	◯	◯	◯	◯	◯
-Ride bike or tricycle?	◯	◯	◯	◯	◯
-Do household chores (eg, wash dishes, take out trash, vacuuming, yard work, make bed, clean room)?	◯	◯	◯	◯	◯
-Run and play?	◯	◯	◯	◯	◯

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

- ☐ Raised toilet seat
- ☐ Bathtub seat
- ☐ Jar opener (for jars previously opened)
- ☐ Bathtub bar
- ☐ Long-handled appliances for Reach
- ☐ Long-handled appliances in bathroom

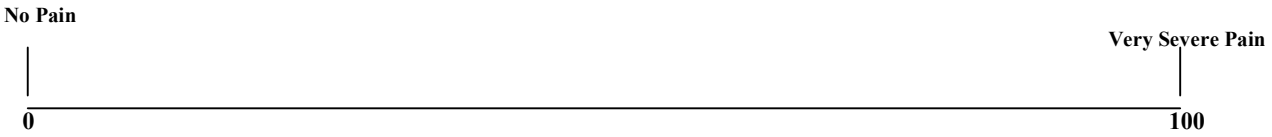
Please check any categories for which your child usually needs help from another person BECAUSE OF ILLNESS?

- ☐ Hygiene
- ☐ Reach
- ☐ Gripping and opening things
- ☐ Errands and chores

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 or her illness IN THE PAST WEEK?

Place a mark on the line below to indicate the severity of pain.



Considering all the ways that myositis affects your child, rate how your child is doing on the following scale by placing a mark on the line.