

JRA Outcome Study Form: Jafar

Juvenile Arthritis Functional Assessment Report for Parents (JAFAR)

For children 7 and older with JRA

Patient's Name (print) _____ First MI Last	Date of Office Visit: _____
Patient Date of Birth: _____	Date this Form Completed: _____

Part 1 Ability Scale

On this questionnaire, we are interested in learning how your child's illness affects her/his ability to function in daily life. Please feel free to add any comments on the back of this page.

Please check the one response which best describes your child's usual abilities **OVER THE PAST WEEK.**

please answer all questions	All the		Almost
In the past week, was Patient able to:	<u>time</u>	<u>Sometimes</u>	<u>never</u>
1 Take shirt off hanger	___	___	___
2 Button shirt	___	___	___
3 Pull on sweater over head	___	___	___
4 Turn on water faucet	___	___	___
5 Sit on floor, then stand up	___	___	___
6 Dry back with towel	___	___	___
7 Wash face with wash cloth	___	___	___
8 Tie shoelaces	___	___	___
9 Pull on socks	___	___	___
10 Brush teeth	___	___	___
11 Stand up from chair without using arms	___	___	___
12 Get into bed	___	___	___
13 Cut food with knife and fork	___	___	___
14 Lift empty glass to mouth	___	___	___
15 Reopen previously opened food jar	___	___	___
16 Walk 50 feet without help	___	___	___
17 Walk up 5 steps	___	___	___
18 Stand on tiptoes	___	___	___
19 Reach above head	___	___	___
20 Get out of bed	___	___	___
21 Pick up something from floor from standing position	___	___	___
22 Push open door after turning knob	___	___	___
23 Turn head and look over shoulder	___	___	___

