

**JUVENILE ARTHRITIS**  
**QUALITY OF LIFE QUESTIONNAIRE**  
**(JAQQ)**

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**SECTION 1 – GROSS MOTOR FUNCTION**

**A.** How often have you/your child, over the past **2 WEEKS**, had difficulty with the following activities **AS A RESULT OF ARTHRITIS OR ITS TREATMENT**? Please score all items, numbered 1-17 below, in accordance with the following scale. Circle the number from 1-7 to the right of the item which corresponds with how often you/your child has had difficulty with this particular item.

If you/your child is unable to perform a particular activity because you/he/she is too young or would not be expected to perform this activity for any other reason, **please circle 0 – does not apply**.

**SCORING SCALE**

0 = Does not apply to me/my child

- |                            |                    |
|----------------------------|--------------------|
| 1 = None of the time       | - NEVER            |
| 2 = Hardly any of the time | - 10% of the time  |
| 3 = Some of the time       | - 25% of the time  |
| 4 = Half of the time       | - 50 % of the time |
| 5 = Most of the time       | - 75% of the time  |
| 6 = Almost all of the time | - 90% of the time  |
| 7 = All of the time        | - ALWAYS           |

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1	Getting out of bed upon awakening	0	<u>1</u>	2	3	4	5	6	7
2	Stepping in and out of the shower or bath	0	<u>1</u>	2	3	4	5	6	7
3	Washing, combing or brushing hair	0	<u>1</u>	2	3	4	5	6	7
4	Putting on underwear, skirt or pants	0	<u>1</u>	2	3	4	5	6	7
5	Pulling on sweater or coat	0	<u>1</u>	2	3	4	5	6	7
6	Walking on a flat surface for ½ block or walking up a slight incline	0	<u>1</u>	2	3	4	5	6	7
7	Walking up or down a flight of 10 stairs	0	<u>1</u>	2	3	4	5	6	7
8	Running 2 blocks	0	<u>1</u>	2	3	4	5	6	7

**SECTION 1 – GROSS MOTOR FUNCTION – cont’d.****SCORING SCALE**

0 = Does not apply to me/my child

1 = None of the time

2 = Hardly any of the time

3 = Some of the time

4 = Half of the time

5 = Most of the time

6 = Almost all of the time

7 = All of the time

- NEVER

- 10% of the time

- 25% of the time

- 50 % of the time

- 75% of the time

- 90% of the time

- ALWAYS

9	Riding a bicycle (or tricycle)	0	1	2	3	4	5	6	7
10	Playing a favourite sport (Which one? _____)	0	1	2	3	4	5	6	7
11	Participating in physical education class	0	1	2	3	4	5	6	7
12	Bending and lifting an object from the floor	0	1	2	3	4	5	6	7
13	Kneeling, or sitting on heels for several minutes	0	1	2	3	4	5	6	7
14	Sitting for ½ hour	0	1	2	3	4	5	6	7
15	Turning to look over your shoulder	0	1	2	3	4	5	6	7
16	Chewing or swallowing food	0	1	2	3	4	5	6	7
17	Standing for ½ hour	0	1	2	3	4	5	6	7

**B.** From the above list of 17 items, please select the 5 items that are the biggest problem for your/your child, by circling the item number on the left. If you cannot identify 5, select as many as are relevant up to a maximum of 5.

**SECTION 1 – GROSS MOTOR FUNCTION – cont'd.**

C. If you/your child have any difficulties with any other similar physical activity that has not been mentioned, please describe it below and score the degree of difficulty using the same scale as above.

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1    2    3    4    5    6    7

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1    2    3    4    5    6    7

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1    2    3    4    5    6    7

## SECTION 2 – FINE MOTOR FUNCTION

A. How often have you/your child, over the past **2 WEEKS**, had difficulty with the following activities **AS A RESULT OF ARTHRITIS OR ITS TREATMENT**? Please score all items, numbered 1-16 below, in accordance with the following scale. Circle the number from 1-7 to the right of the item which corresponds with how often you/your child has had difficulty with this particular item.

If you/your child is unable to perform a particular activity because you/he/she is too young or would not be expected to perform this activity for any other reason, **please circle 0 – does not apply**.

### SCORING SCALE

0 = Does not apply to me/my child

1 = None of the time

- NEVER

2 = Hardly any of the time

- 10% of the time

3 = Some of the time

- 25% of the time

4 = Half of the time

- 50 % of the time

5 = Most of the time

- 75% of the time

6 = Almost all of the time

- 90% of the time

7 = All of the time

- ALWAYS

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1	Turning the faucets (taps) on and off	0	1	2	3	4	5	6	7
2	Brushing teeth	0	1	2	3	4	5	6	7
3	Pulling on socks	0	1	2	3	4	5	6	7
4	Putting on shoes	0	1	2	3	4	5	6	7
5	Tying shoe laces	0	1	2	3	4	5	6	7
6	Putting on shirt/blouse	0	1	2	3	4	5	6	7
7	Fastening shirt or coat buttons	0	1	2	3	4	5	6	7
8	Putting on gloves	0	1	2	3	4	5	6	7

**SECTION 2 – FINE MOTOR FUNCTION – cont'd.****SCORING SCALE**

0 = Does not apply to me/my child

1 = None of the time

2 = Hardly any of the time

3 = Some of the time

4 = Half of the time

5 = Most of the time

6 = Almost all of the time

7 = All of the time

- NEVER

- 10% of the time

- 25% of the time

- 50 % of the time

- 75% of the time

- 90% of the time

- ALWAYS

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9	Turning the handle to open the door	0	1	2	3	4	5	6	7
10	Opening a soft drink can	0	1	2	3	4	5	6	7
11	Twisting off a bottle/jar top (previously opened)	0	1	2	3	4	5	6	7
12	Lifting a cup and drinking from it	0	1	2	3	4	5	6	7
13	Using a spoon, knife or fork	0	1	2	3	4	5	6	7
14	Writing, drawing or colouring with a pencil/pen/crayon or painting with a small paintbrush	0	1	2	3	4	5	6	7
15	Using an eraser	0	1	2	3	4	5	6	7
16	Cutting paper with scissors	0	1	2	3	4	5	6	7

**B.** From the above list of 16 items, please select the 5 items that are the biggest problem for your/your child, by circling the item number on the left. If you cannot identify 5, select as many as are relevant up to a maximum of 5.

**SECTION 2 – FINE MOTOR FUNCTION – cont'd.**

C. If you/your child have any difficulties with any other similar fine motor physical activity that has not been mentioned, please describe it below and score the degree of difficulty using the same scale as above.

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1	2	3	4	5	6	7
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1	2	3	4	5	6	7
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1	2	3	4	5	6	7
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### SECTION 3 – PSYCHOSOCIAL FUNCTION

A. How often have you/your child, over the past **2 WEEKS**, had difficulty with the following activities **AS A RESULT OF ARTHRITIS OR ITS TREATMENT**? Please score all items, numbered 1-22 below, in accordance with the following scale. Circle the number from 1-7 to the right of the item which corresponds with how often you/your child has had difficulty with this particular item.

If you/your child is unable to perform a particular activity because you/he/she is too young or would not be expected to perform this activity for any other reason, **please circle 0 – does not apply**.

#### SCORING SCALE

0 = Does not apply to me/my child

1 = None of the time	- NEVER
2 = Hardly any of the time	- 10% of the time
3 = Some of the time	- 25% of the time
4 = Half of the time	- 50 % of the time
5 = Most of the time	- 75% of the time
6 = Almost all of the time	- 90% of the time
7 = All of the time	- ALWAYS

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1	Disobeyed or interacted poorly with parents	0	1	2	3	4	5	6	7
2	Interacted poorly with brothers or sisters	0	1	2	3	4	5	6	7
3	Interacted poorly with other children	0	1	2	3	4	5	6	7
4	Was mean to others	0	1	2	3	4	5	6	7
5	Hung around others who get into trouble	0	1	2	3	4	5	6	7
6	Argued a lot	0	1	2	3	4	5	6	7
7	Demanded a lot of attention	0	1	2	3	4	5	6	7
8	Got teased a lot	0	1	2	3	4	5	6	7

**SECTION 3 – PSYCHOSOCIAL FUNCTION – cont'd.****SCORING SCALE**

0 = Does not apply to me/my child

1 = None of the time

2 = Hardly any of the time

3 = Some of the time

4 = Half of the time

5 = Most of the time

6 = Almost all of the time

7 = All of the time

- NEVER

- 10% of the time

- 25% of the time

- 50 % of the time

- 75% of the time

- 90% of the time

- ALWAYS

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9	Cried a lot for no apparent reason	0	1	2	3	4	5	6	7
10	Was easily jealous	0	1	2	3	4	5	6	7
11	Complained of loneliness	0	1	2	3	4	5	6	7
12	Felt unloved	0	1	2	3	4	5	6	7
13	Felt frustrated	0	1	2	3	4	5	6	7
14	Felt depressed	0	1	2	3	4	5	6	7
15	Felt worthless or inferior	0	1	2	3	4	5	6	7
16	Felt sad	0	1	2	3	4	5	6	7
17	Missed school (other than for appointments)	0	1	2	3	4	5	6	7
18	Disturbed the class at school	0	1	2	3	4	5	6	7
19	Couldn't pay attention for long	0	1	2	3	4	5	6	7

**SECTION 3 – PSYCHOSOCIAL FUNCTION – cont’d.**

**SCORING SCALE**

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- |                            |                    |
|----------------------------|--------------------|
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| 4 = Half of the time       | - 50 % of the time |
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| 6 = Almost all of the time | - 90% of the time  |
| 7 = All of the time        | - ALWAYS           |

20	Disobeyed teachers	0	1	2	3	4	5	6	7
21	Did poorly at school	0	1	2	3	4	5	6	7
22	Failed to finish things already started	0	1	2	3	4	5	6	7

**B.** From the above list of 22 items, please select the 5 items that are the biggest problem for your/your child, by circling the item number on the left. If you cannot identify 5, select as many as are relevant up to a maximum of 5.

**C.** If you/your child have exhibited any behaviour or mood that has not been mentioned, please describe it below and score the degree of difficulty using the same scale as above.

	1	2	3	4	5	6	7
	1	2	3	4	5	6	7
	1	2	3	4	5	6	7

## SECTION 4 – SYSTEMIC SYMPTOMS

A. How often have you/your child, over the past **2 WEEKS**, had difficulty with the following activities **AS A RESULT OF ARTHRITIS OR ITS TREATMENT**? Please score all items, numbered 1-19 below, in accordance with the following scale. Circle the number from 1-7 to the right of the item which corresponds with how often you/your child has had difficulty with this particular item.

If you/your child is unable to perform a particular activity because you/he/she is too young or would not be expected to perform this activity for any other reason, **please circle 0 – does not apply**.

### SCORING SCALE

0 = Does not apply to me/my child

1 = None of the time	- NEVER
2 = Hardly any of the time	- 10% of the time
3 = Some of the time	- 25% of the time
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7 = All of the time	- ALWAYS

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1	Poor appetite	0	1	2	3	4	5	6	7
2	Mouth sores	0	1	2	3	4	5	6	7
3	Nausea/vomiting	0	1	2	3	4	5	6	7
4	Abdominal pain	0	1	2	3	4	5	6	7
5	Heartburn	0	1	2	3	4	5	6	7
6	Diarrhoea	0	1	2	3	4	5	6	7
7	Constipation	0	1	2	3	4	5	6	7
8	Blood on stool (Blood with bowel movement)	0	1	2	3	4	5	6	7

**SECTION 4 – SYSTEMIC SYMPTOMS – cont’d.****SCORING SCALE**

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1 = None of the time

2 = Hardly any of the time

3 = Some of the time

4 = Half of the time

5 = Most of the time

6 = Almost all of the time

7 = All of the time

- NEVER

- 10% of the time

- 25% of the time

- 50 % of the time

- 75% of the time

- 90% of the time

- ALWAYS

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9	Sore, painful, red eyes	0	1	2	3	4	5	6	7
10	Skin rash	0	1	2	3	4	5	6	7
11	Pain or discomfort passing urine	0	1	2	3	4	5	6	7
12	Dark or blood stained urine	0	1	2	3	4	5	6	7
13	Headache	0	1	2	3	4	5	6	7
14	Fever	0	1	2	3	4	5	6	7
15	Decreased or limited strength	0	1	2	3	4	5	6	7
16	Stiffness	0	1	2	3	4	5	6	7
17	Tires easily	0	1	2	3	4	5	6	7
18	Joint swelling	0	1	2	3	4	5	6	7
19	Joint tenderness or pain	0	1	2	3	4	5	6	7

**SECTION 4 – SYSTEMIC SYMPTOMS – cont’d.**

**SCORING SCALE**

0 = Does not apply to me/my child

- |                            |                    |
|----------------------------|--------------------|
| 1 = None of the time       | - NEVER            |
| 2 = Hardly any of the time | - 10% of the time  |
| 3 = Some of the time       | - 25% of the time  |
| 4 = Half of the time       | - 50 % of the time |
| 5 = Most of the time       | - 75% of the time  |
| 6 = Almost all of the time | - 90% of the time  |
| 7 = All of the time        | - ALWAYS           |

**B.** From the above list of 19 items, please select the 5 items that are the biggest problem for your/your child, by circling the item number on the left. If you cannot identify 5, select as many as are relevant up to a maximum of 5.

**C.** If you/your child have any symptom or problem that has not been mentioned, please describe it below and score the degree of difficulty using the same scale as above.

_____	1	2	3	4	5	6	7
_____	1	2	3	4	5	6	7
_____	1	2	3	4	5	6	7

## SECTION 5 – PAIN ASSESSMENT

### 1. Patient/Parent's impression of patient's pain :

- a) Mark an x on the line at a point corresponding to your degree of pain overall in the past week

(0 = no pain; 10 = worst pain imaginable)

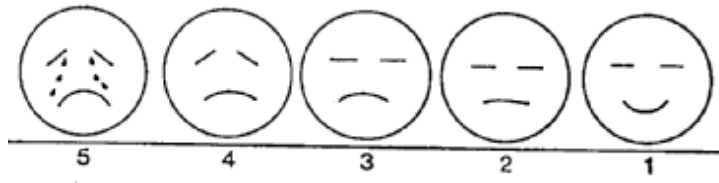
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- b) Which of these phrases would you use to describe your child's (your) pain (overall in the past week)? Please circle one.

no pain    slight pain    moderate pain    severe pain    extreme pain

- c) If your child is 10 years or younger, please ask your child to select the picture which best corresponds with his/her degree of pain (overall in the past week):



2. Patient/Parent global assessment: Relative to the last assessment do you feel your child is:

1) Much better    2) Better    3) Same    4) Worse    5) Much worse