

To be completed by PARENT

Patient Reported Outcomes of Fracture Healing (PROOF-LE)

PROOF-Upper Extremity Questionnaire for Parent

Consider your child's injured arm. Please answer all questions by circling the response that fits best.

- 1A. Does your child's injured arm look different from the uninjured side (e.g., shape, position, size, scars, etc.)?**

Not at All Different	A Little Different	Somewhat Different	Quite Different	Very Different
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- 1B. How much are you bothered by how your child's injured arm looks?**

Not at All Bothered	A Little Bothered	Somewhat Bothered	Quite Bothered	Very Bothered
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- 2A. Does your child's injured arm feel different from the uninjured side (e.g., flexibility, strength, tiredness, pain, numbness, etc.)?**

Not at All Different	A Little Different	Somewhat Different	Quite Different	Very Different
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- 2B. How much are you bothered by how your child's injured arm feels?**

Not at All Bothered	A Little Bothered	Somewhat Bothered	Quite Bothered	Very Bothered
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- 3A. Does your child have any difficulty doing things because of his/her injured arm?**

Not at All Different	A Little Different	Somewhat Different	Quite Different	Very Different
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- 3B. How much are you bothered by how your child's injured arm affects these activities?**

Not at All Bothered	A Little Bothered	Somewhat Bothered	Quite Bothered	Very Bothered
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- 4A. Do you feel your child's injury has healed?**

Completely Healed	Almost Healed	Partially Healed	Not Yet Healed
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- 4B. How easy or difficult was your child's recovery from his/her injury?**

Very Easy	Easy	Not Easy / Not Difficult	Difficult	Very Difficult
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