

Patient Reported Outcomes of Fracture Healing (PROOF-UE)

PROOF-Upper Extremity Questionnaire for Parent

Instructions

1. This questionnaire is about how your child's arm injury or fracture healed.
2. Each section has different choices. Please read the instructions for each section carefully.
3. Please answer all questions by circling the response that fits best. You may write down any comments/clarifications in the space provided below each question.

For example,

Consider your child's injured arm.

1. Rate how your child's injured arm **looks** in comparison to the uninjured arm.
2. Rate how **bothered** you are by how your child's injured arm looks.

Compared with the uninjured arm,	Your Child's Injured Arm Looks				How Much This Bothers Me		
	No Different	A Little Different	Somewhat Different	A Lot Different	Not at All	A Little	A Lot
1. The surface shape of the injured arm							A Lot

In the above example, the surface shape of the injured arm looked *somewhat different* from the uninjured arm and bothered you *a lot*.

4. At the end of each section there is space for you to add any items that you think are missing from the questionnaire, which you believe are important to the healing of your child's arm injury or fracture.

About Your Child's Injury

1. Date of Injury (YY/MM/DD): _____
2. Which side did your child injure?
 Right
 Left
 Both
3. Which bone/s did your child injure?
Check all that apply.
 Collar Bone (Clavicle)
 Arm Bone (Humerus)
 Elbow
 Forearm Bone-Ulna
 Forearm Bone-Radius
 Wrist or Hand Bone

Name: _____

Relationship to Patient: _____

Date: _____

To be completed by PARENT

How It Looks

Consider your child's injured arm.

1. Rate how your child's injured arm **looks** in comparison to the uninjured arm.
2. Rate how **bothered** you are by how your child's injured arm looks.

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

- No → Skip to Next Section
 Yes → Complete this Section

Compared with the uninjured arm,	Your Child's Injured Arm Looks				How Much This Botheres Me		
1. Surface shape	No Different	A Little Different	Somewhat Different	A Lot Different	Not at All	A Little	A Lot
2. Posture (alignment)	No Different	A Little Different	Somewhat Different	A Lot Different	Not at All	A Little	A Lot
3. Length	No Different	A Little Different	Somewhat Different	A Lot Different	Not at All	A Little	A Lot
4. Size	No Different	A Little Different	Somewhat Different	A Lot Different	Not at All	A Little	A Lot
5. Scars	No Scars	Small Scar/s	Medium Scar/s	Large Scar/s	Not at All	A Little	A Lot
1A. Other? _____	No Different	A Little Different	Somewhat Different	A Lot Different	Not at All	A Little	A Lot
1B. Other? _____	No Different	A Little Different	Somewhat Different	A Lot Different	Not at All	A Little	A Lot

How It Feels

Consider your child's injured arm.

1. Rate how your child's injured arm **feels** in comparison to the uninjured arm.
2. Rate how **bothered** you are by how your child's injured arm feels.

Does your child's injured arm feel different from the uninjured side (e.g., flexibility, strength, tiredness, pain, numbness, etc.)?

- No → Skip to Next Section
 Yes → Complete this Section

Compared with the uninjured arm,	Your Child's Injured Arm Feels				How Much This Botheres Me		
6. Flexibility (stiffness)	No Different	A Little Less Flexible	Somewhat Less Flexible	A Lot Less Flexible	Not at All	A Little	A Lot
7. Strength	No Different	A Little Weaker	Somewhat Weaker	A Lot Weaker	Not at All	A Little	A Lot
8. Heaviness or tiredness	No Different	A Little Heavier	Somewhat Heavier	A Lot Heavier	Not at All	A Little	A Lot
9. Pain	No Different	A Little Painful	Somewhat Painful	Very Painful	Not at All	A Little	A Lot
10. Numbness or tingling	No Different	A Little Numb	Somewhat Numb	Very Numb	Not at All	A Little	A Lot
11. Confident to use the injured arm	No Different	A Little Nervous	Somewhat Nervous	Very Nervous	Not at All	A Little	A Lot
12. Implants/metal in the injured arm	No implants/metal	Implants/metal in the injured arm			Not at All	A Little	A Lot
2A. Other? _____	No Different	A Little	Somewhat	A Lot	Not at All	A Little	A Lot
2B. Other? _____	No Different	A Little	Somewhat	A Lot	Not at All	A Little	A Lot

How It Works

Consider your child's injured arm.

1. Rate how **difficult** the following activities are for your child because of his/her injured arm.
2. Rate how **bothered** you are by how your child's injured arm affects these activities.
If your child doesn't usually do this activity, choose "Doesn't do this activity."

Does your child find any activities difficult to do because of his/her injured arm?

- No → Skip to Next Section
 Yes → Complete this Section

Because of the injured arm, my child can	How Difficult is the Activity						How Much This Bother Me		
	Doesn't Do This Activity	Not Difficult	A Little Difficult	Quite Difficult	Very Difficult	Not Possible	Not at All	A Little	A Lot
13. Write or draw									
14. Hold a cup or glass									
15. Open the lid of a jar									
16. Use a knife / fork / spoon									
17. Scratch or wash his/her back									
18. Wash / comb / brush his/her hair									
19. Dress him/herself									
20. Carry a heavy object									
21. Open a door (pull or push)									
22. Use a cell phone / tablet									

23. Use a keyboard / computer	Doesn't Do This Activity	Not Difficult	A Little Difficult	Quite Difficult	Very Difficult	Not Possible	Not at All	A Little	A Lot
24. Play musical instrument/s	Doesn't Do This Activity	Not Difficult	A Little Difficult	Quite Difficult	Very Difficult	Not Possible	Not at All	A Little	A Lot
25. Play sports (e.g., hockey, baseball, basketball, racquet sports)	Doesn't Do This Activity	Not Difficult	A Little Difficult	Quite Difficult	Very Difficult	Not Possible	Not at All	A Little	A Lot
26. Weight bearing sports or activities (e.g., gymnastics, climbing)	Doesn't Do This Activity	Not Difficult	A Little Difficult	Quite Difficult	Very Difficult	Not Possible	Not at All	A Little	A Lot
3A. Other activity? _____	Doesn't Do This Activity	Not Difficult	A Little Difficult	Quite Difficult	Very Difficult	Not Possible	Not at All	A Little	A Lot
3B. Other activity? _____	Doesn't Do This Activity	Not Difficult	A Little Difficult	Quite Difficult	Very Difficult	Not Possible	Not at All	A Little	A Lot

PROOF-UE-parent

How It Healed

Do you feel your child's injury has healed?

- Completely healed
 Almost healed
 Partially healed
 Not yet healed

About my child's recovery

26. Time spent admitted to the hospital	Less than 12 hours	12 to 24 hours	More than 1 day up to 3 days	More than 3 days up to 5 days	More than 5 days
27. Number of days your child missed school or had to stay at home	0 to 1 day	Less than 1 week	1 up to 2 weeks	2 up to 4 weeks	More than 4 weeks
28. Number of days an adult needed to stay with your child at home while he/she recovered	Less than 1 day	1 to 3 days	4 to 7 days	More than 1 up to 2 weeks	More than 2 weeks
29. Number of follow-up visits to hospital or doctor	0 to 1 visit	2 visits	3 visits	4 visits	5 or more visits
30. Pain or discomfort during the healing period	No Pain	Very Little Pain	Some Pain	Quite Painful	Very Painful
31. Unpleasant events during recovery	None	Very Few	Some	Quite a Few	Many
32. Speed of recovery	Very Fast	Fast	Not Fast / Not Slow	Slow	Very Slow
33. Overall experience of recovery	Very Easy	Easy	Not Easy / Not Difficult	Difficult	Very Difficult
4A. Other? _____					
4B. Other? _____					