

JUVENILE ARTHRITIS PEN PAL CLUB QUESTIONNAIRE

Name: _____ Sex: Male Female

Nickname: _____ Birthdate: ____ / ____ / ____ Age ____

Last Grade Completed: _____

Parent(s) or guardian(s) name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

E-mail address: _____

Number of brother(s): _____ Ages: _____

Number of sister(s): _____ Ages: _____

How long have you had arthritis? _____

What type of arthritis do you have? _____

What are your favorite hobbies? _____

What is your favorite TV show? _____

What type of music do you like? _____

Do you have any pets? If yes, what kind? _____

What do you do for exercise? _____

Does your arthritis cause any special problems for you (at school or play, with family or friends or any other time?) _____

May we send a copy of this questionnaire to your new pen pal? _____

As part of a new nationwide pen pal program the Greater Chicago Chapter is exchanging pen pal names with participating chapters nationwide. I give permission for this information to be exchanged with participating chapters of the Arthritis Foundation.

Signature of parent or guardian

Date

Please return questionnaire to:

Arthritis Foundation, Greater Chicago Chapter
29 East Madison, Suite 500
Chicago, Illinois 60602