

**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