

ID# _____
Date: _____

TM

# PedsQL

Pediatric Quality of Life  
Inventory  
Acute Version

Version 4.0

## TEEN REPORT (ages 13-18)

### DIRECTIONS

On the following page is a list of things that might be a problem for you. Please tell us **how much of a problem** each one has been for you during the **past 7 days** by circling:

- 0** if it is **never** a problem
- 1** if it is **almost never** a problem
- 2** if it is **sometimes** a problem
- 3** if it is **often** a problem
- 4** if it is **almost always** a problem

There are no right or wrong answers.  
If you do not understand a question, please ask for help.

*In the past 7 days, how much of a **problem** has this been for you*

<b>ABOUT MY HEALTH AND ACTIVITIES (problems with )</b>	Never	Almost Never	Some-times	Often	Almost Always
1. It is hard for me to walk more than one block	0	1	2	3	4
2. It is hard for me to run	0	1	2	3	4
3. It is hard for me to do sports activity or exercise	0	1	2	3	4
4. It is hard for me to lift something heavy	0	1	2	3	4
5. It is hard for me to take a bath or shower by myself	0	1	2	3	4
6. It is hard for me to do chores around the house	0	1	2	3	4
7. I hurt or ache	0	1	2	3	4
8. I have low energy	0	1	2	3	4

*In the past 7 days, how much of a **problem** has this been for you*

<b>ABOUT MY FEELINGS (problems with )</b>	Never	Almost Never	Some-times	Often	Almost Always
1. I feel afraid or scared	0	1	2	3	4
2. I feel sad or blue	0	1	2	3	4
3. I feel angry	0	1	2	3	4
4. I have trouble sleeping	0	1	2	3	4
5. I worry about what will happen to me	0	1	2	3	4

*In the past 7 days, how much of a **problem** has this been for you*

<b>HOW I GET ALONG WITH OTHERS (problems with )</b>	Never	Almost Never	Some-times	Often	Almost Always
1. I have trouble getting along with other teens	0	1	2	3	4
2. Other teens do not want to be my friend	0	1	2	3	4
3. Other teens tease me	0	1	2	3	4
4. I cannot do things that other teens my age can do	0	1	2	3	4
5. It is hard to keep up with my peers	0	1	2	3	4

*In the past 7 days, how much of a **problem** has this been for you*

<b>ABOUT SCHOOL (problems with )</b>	Never	Almost Never	Some-times	Often	Almost Always
1. It is hard to pay attention in class	0	1	2	3	4
2. I forget things	0	1	2	3	4
3. I have trouble keeping up with my schoolwork	0	1	2	3	4
4. I miss school because of not feeling well	0	1	2	3	4
5. I miss school to go to the doctor or hospital	0	1	2	3	4