

ID# _____
Date: _____

TM

# PedsQL

## Pediatric Quality of Life Inventory Acute Version

Version 4.0

### PARENT REPORT for CHILDREN (ages 8-12)

#### DIRECTIONS

On the following page is a list of things that might be a problem for **your child**. Please tell us **how much of a problem** each one has been for **your child** 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 your child had with*

<b>PHYSICAL FUNCTIONING (problems with )</b>	<b>Never</b>	<b>Almost Never</b>	<b>Some-times</b>	<b>Often</b>	<b>Almost Always</b>
1. Walking more than one block	0	1	2	3	4
2. Running	0	1	2	3	4
3. Participating in sports activity or exercise	0	1	2	3	4
4. Lifting something heavy	0	1	2	3	4
5. Taking a bath or shower by him or herself	0	1	2	3	4
6. Doing chores around the house	0	1	2	3	4
7. Having hurts or aches	0	1	2	3	4
8. Low energy level	0	1	2	3	4

*In the past 7 days, how much of a **problem** has your child had with*

<b>EMOTIONAL FUNCTIONING (problems with )</b>	<b>Never</b>	<b>Almost Never</b>	<b>Some-times</b>	<b>Often</b>	<b>Almost Always</b>
1. Feeling afraid or scared	0	1	2	3	4
2. Feeling sad or blue	0	1	2	3	4
3. Feeling angry	0	1	2	3	4
4. Trouble sleeping	0	1	2	3	4
5. Worrying about what will happen to him or her	0	1	2	3	4

*In the past 7 days, how much of a **problem** has your child had with*

<b>SOCIAL FUNCTIONING (problems with )</b>	<b>Never</b>	<b>Almost Never</b>	<b>Some-times</b>	<b>Often</b>	<b>Almost Always</b>
1. Getting along with other children	0	1	2	3	4
2. Other kids not wanting to be his or her friend	0	1	2	3	4
3. Getting teased by other children	0	1	2	3	4
4. Not able to do things that other children his or her age can do	0	1	2	3	4
5. Keeping up when playing with other children	0	1	2	3	4

*In the past 7 days, how much of a **problem** has your child had with*

<b>SCHOOL FUNCTIONING (problems with )</b>	<b>Never</b>	<b>Almost Never</b>	<b>Some-times</b>	<b>Often</b>	<b>Almost Always</b>
1. Paying attention in class	0	1	2	3	4
2. Forgetting things	0	1	2	3	4
3. Keeping up with schoolwork	0	1	2	3	4
4. Missing school because of not feeling well	0	1	2	3	4
5. Missing school to go to the doctor or hospital	0	1	2	3	4