

TODAY Form PEDSQLGT, Pediatric Quality of Life Inventory – Teen Report (Ages 13-18)

 -

Release Participant ID

Release Visit Number

Days since randomization:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text" value="DAYS"/>
---------------------------	-------------------------------------------------------------------------------------	-----------------------------------

Please tell us **how much of a problem** each one has been for you during the **past ONE month** 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.

<i>In the past ONE month, how much of a problem has this been for you...</i>						
About my health and activities (<i>problems with...</i>)	Never	Almos t Never	Some- times	Often	Almost Always	
1. It is hard for me to walk more than one block	0	1	2	3	4	<input type="text" value="G01WALK"/>
2. It is hard for me to run	0	1	2	3	4	<input type="text" value="G02RUN"/>
3. It is hard for me to do sports activity or exercise	0	1	2	3	4	<input type="text" value="G03SPORT"/>
4. It is hard for me to lift something heavy	0	1	2	3	4	<input type="text" value="G04LIFT"/>
5. It is hard for me to take a bath or shower by myself	0	1	2	3	4	<input type="text" value="G05BATH"/>
6. It is hard for me to do chores around the house	0	1	2	3	4	<input type="text" value="G06CHORE"/>
7. I hurt or ache	0	1	2	3	4	<input type="text" value="G07HURT"/>
8. I have low energy	0	1	2	3	4	<input type="text" value="G08ENERG"/>

About my feelings (<i>problems with...</i>)	Never	Almos t Never	Some- times	Often	Almost Always	
1. I feel afraid or scared	0	1	2	3	4	<input type="text" value="G09FRAID"/>
2. I feel sad or blue	0	1	2	3	4	<input type="text" value="G10SAD"/>
3. I feel angry	0	1	2	3	4	<input type="text" value="G11ANGRY"/>
4. I have trouble sleeping	0	1	2	3	4	<input type="text" value="G12SLEEP"/>
5. I worry about what will happen to me	0	1	2	3	4	<input type="text" value="G13WORRY"/>

How I get along with others (<i>problems with...</i>)	Never	Almos t Never	Some- times	Often	Almost Always	
1. I have trouble getting along with other teens	0	1	2	3	4	G14TROUB
2. Other teens do not want to be my friend	0	1	2	3	4	G15NOBUD
3. Other teens tease me	0	1	2	3	4	G16TEASE
4. I cannot do things that other teens my age can do	0	1	2	3	4	G17MYAGE
5. It is hard to keep up with my peers	0	1	2	3	4	G18KEEP

About school (<i>problems with...</i>)	Never	Almos t Never	Some- times	Often	Almost Always	
1. It is hard to pay attention in class	0	1	2	3	4	G19CLASS
2. I forget things	0	1	2	3	4	G20FORGT
3. I have trouble keeping up with my schoolwork	0	1	2	3	4	G21SCHOO
4. I miss school because of not feeling well	0	1	2	3	4	G22FEEL
5. I miss school to go to the doctor or hospital	0	1	2	3	4	G23HOSP