FORM237
FSGS Novel Therapies (FONT-II)
Pediatric Quality of Life Inventory (PedsQL) Version 4.0
Parent Report for Toddlers **(ages 2-4)** (Form # 237)

F	2																								

1. Participant ID Number   2.Alpha Code 3.Visit Number   4. Date Questionnaire Administered
                                                                                                                           (dd/mmm/yyyy)

PID   ALPHCD   CPEVENT /   VISDT
                                                             VISIT_NUMBER /
                                                             SUBEVENT_NUMBER

For Data Entry Purposes Only: Verify the form number that you are trying to enter.... ___ ___ ___

5.   Does the participant speak a language that this form is available in?...........(0 = no, 1 = yes)____
P_LANG

6.   What version was used?.......................................(1 = English, 2 = Spanish, 3 = French) ____LANG

7.   How was the questionnaire administered?...........(1 = Self-administered, 2 = Interview-administered)
____QADMIN

8.   If this form was interview-administered (Q7=2), for what primary reason was this done?
        ____INTVWR
        1 = visual
        2 = dexterity
        3 = literacy
        4 = comprehension
        5 = participant/parent preference
        6 = Study Coordinator preference
        8 = not applicable

9.   Setting where this form was completed? ....____SETTIN
        1 = completed in a clinical setting
        2 = completed at participant's home by the participant
        3 = completed at participant's home by a family member

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10.   Are you ready to key enter this form? ....(0 = no, 1 = yes) ___READY

PARENT REPORT for TODDLERS (ages 2-4)

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 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.

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In the past **ONE month,** how much of a **problem** has your child had with …

PHYSICAL FUNCTIONING (problems with…)		Never	Almost Never	Some-times	Often	Almost Always
11. Walking	PQOLPF1	0	1	2	3	4
12. Running	PQOLPF2	0	1	2	3	4
13. Participating in active play or exercise	PQOLPF3	0	1	2	3	4
14. Lifting something heavy	PQOLPF4	0	1	2	3	4
15. Bathing	PQOLPF5	0	1	2	3	4
16. Helping to pick up his or her toys	PQOLPF6	0	1	2	3	4
17. Having hurts or aches	PQOLPF7	0	1	2	3	4
18. Low energy level	PQOLPF8	0	1	2	3	4

EMOTIONAL FUNCTIONING (problems with…)		Never	Almost Never	Some-times	Often	Almost Always
19. Feeling afraid or scared	PQOLEM1	0	1	2	3	4
20. Feeling sad or blue	PQOLEM2	0	1	2	3	4
21. Feeling angry	PQOLEM3	0	1	2	3	4
22. Trouble sleeping	PQOLEM4	0	1	2	3	4
23. Worrying	PQOLEM5	0	1	2	3	4

SOCIAL FUNCTIONING (problems with…)		Never	Almost Never	Some-times	Often	Almost Always
24. Playing with other children	PQOLSF1	0	1	2	3	4
25. Other kids not wanting to play with him or her PQOLSF2		0	1	2	3	4
26. Getting teased by other children	PQOLSF3	0	1	2	3	4
27. Not able to do things that other children his or her age can do PQOLSF4		0	1	2	3	4
28. Keeping up when playing with other children PQOLSF5		0	1	2	3	4

*Please complete this section if your child attends school or daycare

SCHOOL FUNCTIONING (problems with…)	Never	Almost Never	Some-times	Often	Almost Always
29. Doing the same school activities as peers PQOLSC1	0	1	2	3	4

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30. Missing school/daycare because of not feeling well PQOLSC2	0	1	2	3	4
31. Missing school/daycare to go to the doctor or hospital PQOLSC3	0	1	2	3	4

200. Date this form reviewed......................(dd/mmm/yyyy) ___ ___ /___ ___ ___ /___ ___ ___ ___

201. Username of person reviewing this form...........................___ ___ ___ ___ ___ ___ ___ ___

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