

FORM238
FSGS Novel Therapies (FONT-II)
Pediatric Quality of Life Inventory (PedsQL) Version 4.0
Young Child Report (Ages 5-7) (Form # 238)

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1. Participant ID Number

PID

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2. Alpha Code

ALPHCD

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3. Visit Number

CPEVENT /
VISIT_NUMBER /
SUBEVENT_NUMBER

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4. Date Questionnaire Administered

(dd/mm/yyyy)

VISDT

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

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

Young Child Report (ages 5-7)

Instructions for interviewer:

I am going to ask you some questions about things that might be a problem for some children. I want to know how much of a problem any of these things might be for you.




Show the child the template and point to the responses as you read.

If it is not at all a problem for you, point to the smiling face

If it is sometimes a problem for you, point to the middle face

If it is a problem for you a lot, point to the frowning face

I will read each question. Point to the pictures to show me how much of a problem it is for you. Let's try a practice one first.

	Not at all	Sometimes	A lot
Is it hard for you to snap your fingers			

Ask the child to demonstrate snapping his or her fingers to determine whether or not the question was answered correctly. Repeat the question if the child demonstrates a response that is different from his or her action.

Think about how you have been doing for the last few weeks. Please listen carefully to each sentence and tell me how much of a problem this is for you.

After reading the item, gesture to the template. If the child hesitates or does not seem to understand how to answer, read the response options while pointing at the faces.

PHYSICAL FUNCTIONING (problems with...)		Not at all	Some-times	A lot
11. Is it hard for you to walk	PQOLPF1	0	2	4
12. Is it hard for you to run	PQOLPF2	0	2	4
13. Is it hard for you to play sports or exercise	PQOLPF3	0	2	4
14. Is it hard for you to pick up big things	PQOLPF4	0	2	4
15. Is it hard for you to take a bath or shower	PQOLPF5	0	2	4

16. Is it hard for you to do chores (like pick up your toys) PQOLPF6	0	2	4
17. Do you have hurts or aches (<i>Where?</i> _____) PQOLPF7	0	2	4
18. Do you ever feel too tired to play PQOLPF8	0	2	4

Remember, tell me how much of a problem this has been for you for the last few weeks.

EMOTIONAL FUNCTIONING (problems with...)		Not at all	Some-times	A lot
19. Do you feel scared PQOLEM1	0	2	4	
20. Do you feel sad PQOLEM2	0	2	4	
21. Do you feel mad PQOLEM3	0	2	4	
22. Do you have trouble sleeping PQOLEM4	0	2	4	
23. Do you worry about what will happen to you PQOLEM5	0	2	4	

SOCIAL FUNCTIONING (problems with...)		Not at all	Some-times	A lot
24. Is it hard for you to get along with other kids PQOLSF1	0	2	4	
25. Do other kids say they do not want to play with you PQOLSF2	0	2	4	
26. Do other kids tease you PQOLSF3	0	2	4	
27. Can other kids do things that you cannot do PQOLSF4	0	2	4	
28. Is it hard for you to keep up when you play with other kids PQOLSF5	0	2	4	

SCHOOL FUNCTIONING (problems with...)		Not at all	Some-times	A lot
29. Is it hard for you to pay attention in school PQOLSC1	0	2	4	
30. Do you forget things PQOLSC2	0	2	4	
31. Is it hard to keep up with schoolwork PQOLSC3	0	2	4	
32. Do you miss school because of not feeling good PQOLSC4	0	2	4	
33. Do you miss school because you have to go to the doctor's or hospital PQOLSC5	0	2	4	

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

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

How much of a problem is this for you?

Not at all



Sometimes



A lot

