

FORM239
FSGS Novel Therapies (FONT-II)
Pediatric Quality of Life Inventory (PedsQL) Version 4.0
Parent Report for Young Children (Ages 5-7) (Form # 239)

F	2						
----------	----------	--	--	--	--	--	--

--	--

--	--	--	--	--

--	--	--	--	--	--	--	--	--	--

1. Participant ID Number

2. Alpha Code

3. Visit Number

4. Date Questionnaire Administered
(dd/mmm/yyyy)

PID

ALPHCD

CPEVENT /
VISIT_NUMBER /
SUBEVENT_NUMBER

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

Parent Report for Young Children (ages 5-7)

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.

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 more than one block	PQOLPF1	0	1	2	3	4
12. Running	PQOLPF2	0	1	2	3	4
13. Participating in sports activity or exercise	PQOLPF3	0	1	2	3	4
14. Lifting something heavy	PQOLPF4	0	1	2	3	4
15. Taking a bath or shower by him or herself	PQOLPF5	0	1	2	3	4
16. Doing chores, like picking 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 about what will happen to him or her	PQOLEM5	0	1	2	3	4

SOCIAL FUNCTIONING (problems with...)		Never	Almost Never	Some-times	Often	Almost Always
24. Getting along with other children	PQOLSF1	0	1	2	3	4
25. Other kids not wanting to be his or her friend	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
--	---	---	---	---	---

SCHOOL FUNCTIONING (problems with...)	Never	Almost Never	Some-times	Often	Almost Always
29. Paying attention in class PQOLSC1	0	1	2	3	4
30. Forgetting things PQOLSC2	0	1	2	3	4
31. Keeping up with school activities PQOLSC3	0	1	2	3	4
32. Missing school because of not feeling well PQOLSC4	0	1	2	3	4
33. Missing school to go to the doctor or hospital PQOLSC5	0	1	2	3	4

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

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