

**FORM240**  
**FSGS Novel Therapies (FONT-II)**  
**Pediatric Quality of Life Inventory (PedsQL) Version 4.0**  
**Child Report (ages 8-12) (Form # 240)**

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1. Participant ID Number

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2. Alpha Code

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3. Visit Number

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

PID

ALPHCD  
VISIT\_NUMBER /  
SUBEVENT\_NUMBER

CPEVENT / ..... 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

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10. Are you ready to key enter this form? .....(0 = no, 1 = yes) \_\_\_READY  
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Child Report (ages 8-12)

**DIRECTIONS**

On the following page is a list of things that might be a problem for you. 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.

In the past **ONE month**, how much of a **problem** has this been for you ...

<b>ABOUT MY HEALTH AND ACTIVITIES</b> <i>(problems with...)</i>	Never	Almost Never	Some- times	Often	Almost Always
11. It is hard for me to walk more than one block PQOLPF1	0	1	2	3	4
12. It is hard for me to run PQOLPF2	0	1	2	3	4
13. It is hard for me to do sports activity or exercise PQOLPF3	0	1	2	3	4
14. It is hard for me to lift something heavy PQOLPF4	0	1	2	3	4
15. It is hard for me to take a bath or shower by myself PQOLPF5	0	1	2	3	4
16. It is hard for me to do chores around the house PQOLPF6	0	1	2	3	4
17. I hurt or ache PQOLPF7	0	1	2	3	4
18. I have low energy PQOLPF8	0	1	2	3	4

<b>ABOUT MY FEELINGS</b> <i>(problems with...)</i>	Never	Almost Never	Some- times	Often	Almost Always
19. I feel afraid or scared PQOLEM1	0	1	2	3	4
20. I feel sad or blue PQOLEM2	0	1	2	3	4
21. I feel angry PQOLEM3	0	1	2	3	4
22. I have trouble sleeping PQOLEM4	0	1	2	3	4
23. I worry about what will happen to me PQOLEM5	0	1	2	3	4

<b>HOW I GET ALONG WITH OTHERS</b> <i>(problems with...)</i>	Never	Almost Never	Some- times	Often	Almost Always
24. I have trouble getting along with other kids PQOLSF1	0	1	2	3	4
25. Other kids do not want to be my friend PQOLSF2	0	1	2	3	4
26. Other kids tease me PQOLSF3	0	1	2	3	4
27. I cannot do things that other kids my age can do PQOLSF4	0	1	2	3	4
28. It is hard to keep up when I play with other kids PQOLSF5	0	1	2	3	4

<b>ABOUT SCHOOL</b> <i>(problems with...)</i>	Never	Almost Never	Some- times	Often	Almost Always
29. It is hard to pay attention in class PQOLSC1	0	1	2	3	4
30. I forget things PQOLSC1	0	1	2	3	4

31. I have trouble keeping up with my schoolwork PQOLSC3	0	1	2	3	4
32. I miss school because of not feeling well PQOLSC4	0	1	2	3	4
33. I miss 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.....\_\_\_\_\_