

**FORM241**  
**FSGS Novel Therapies (FONT-II)**  
**Pediatric Quality of Life Inventory (PedsQL) Version 4.0**  
**Parent Report for Children (ages 8-12) (Form # 241)**

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1. Participant ID Number

PID

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2. Alpha Code

ALPHCD

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3. Visit Number

VISIT\_NUMBER /

SUBEVENT\_NUMBER

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4. Date Questionnaire Administered

(dd/mmm/yyyy)

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

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

**PARENT REPORT for CHILDREN (ages 8-12)**

**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 ...*

<b>PHYSICAL FUNCTIONING (problems with...)</b>		<b>Never</b>	<b>Almost Never</b>	<b>Some-times</b>	<b>Often</b>	<b>Almost Always</b>
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 around the house	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

<b>EMOTIONAL FUNCTIONING (problems with...)</b>		<b>Never</b>	<b>Almost Never</b>	<b>Some-times</b>	<b>Often</b>	<b>Almost Always</b>
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

<b>SOCIAL FUNCTIONING (problems with...)</b>		<b>Never</b>	<b>Almost Never</b>	<b>Some-times</b>	<b>Often</b>	<b>Almost Always</b>
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

<b>SCHOOL FUNCTIONING (problems with...)</b>		<b>Never</b>	<b>Almost Never</b>	<b>Some-times</b>	<b>Often</b>	<b>Almost Always</b>
29. Paying attention in class	PQOLSC1	0	1	2	3	4

30. Forgetting things	PQOLSC2	0	1	2	3	4
31. Keeping up with schoolwork	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..... \_\_\_\_\_