

FORM242
FSGS Novel Therapies (FONT-II)
Pediatric Quality of Life Inventory (PedsQL) Version 4.0
Teen Report (ages 13-18) (Form # 242)

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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

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

TEEN REPORT (ages 13-18)

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 ...

ABOUT MY HEALTH AND ACTIVITIES (problems with...)	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

ABOUT MY FEELINGS (problems with...)	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

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

ABOUT SCHOOL (problems with...)	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	PQOLSC2	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....._____