

**Form QL5C**

Site/ID#: \_\_\_\_ / \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Visit:  Annual Visit \_\_\_\_ yr

Transplant

Post-Transplant

# PedsQL<sup>TM</sup>

## Pediatric Quality of Life Inventory

Version 4.0

### 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
<b>Is it hard for you to snap your fingers</b>			

**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.

<b>PHYSICAL FUNCTIONING (problems with...)</b>	<b>Not at all</b>	<b>Sometimes</b>	<b>A lot</b>
1. Is it hard for you to walk	0	2	4
2. Is it hard for you to run	0	2	4
3. Is it hard for you to play sports or exercise	0	2	4
4. Is it hard for you to pick up big things	0	2	4
5. Is it hard for you to take a bath or shower	0	2	4
6. Is it hard for you to do chores (like pick up your toys)	0	2	4
7. Do you have hurts or aches ( <b>Where?</b> _____)	0	2	4
8. Do you ever feel too tired to play	0	2	4

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

<b>EMOTIONAL FUNCTIONING (problems with...)</b>	<b>Not at all</b>	<b>Sometimes</b>	<b>A lot</b>
9. Do you feel scared	0	2	4
10. Do you feel sad	0	2	4
11. Do you feel mad	0	2	4
12. Do you have trouble sleeping	0	2	4
13. Do you worry about what will happen to you	0	2	4

<b>SOCIAL FUNCTIONING (problems with...)</b>	<b>Not at all</b>	<b>Sometimes</b>	<b>A lot</b>
14. Is it hard for you to get along with other kids	0	2	4
15. Do other kids say they do not want to play with you	0	2	4
16. Do other kids tease you	0	2	4
17. Can other kids do things that you cannot do	0	2	4
18. Is it hard for you to keep up when you play with other kids	0	2	4

<b>SCHOOL FUNCTIONING (problems with...)</b>	<b>Not at all</b>	<b>Sometimes</b>	<b>A lot</b>
19. Is it hard for you to pay attention in school	0	2	4
20. Do you forget things	0	2	4
21. Is it hard to keep up with schoolwork	0	2	4
22. Do you miss school because of not feeling good	0	2	4
23. Do you miss school because you have to go to the doctor's or hospital	0	2	4

# How much of a problem is this for you?

Not at all



Sometimes



A lot

