

## Form QL5P

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

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

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

Transplant

Post-Transplant

# PedsQL<sup>TM</sup>

## Pediatric Quality of Life Inventory

Version 4.0

### 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...

<b>PHYSICAL FUNCTIONING (problems with...)</b>	Never	Almost Never	Some-times	Often	Almost Always
1. Walking more than one block	0	1	2	3	4
2. Running	0	1	2	3	4
3. Participating in sports activity or exercise	0	1	2	3	4
4. Lifting something heavy	0	1	2	3	4
5. Taking a bath or shower by him or herself	0	1	2	3	4
6. Doing chores, like picking up his or her toys	0	1	2	3	4
7. Having hurts or aches	0	1	2	3	4
8. Low energy level	0	1	2	3	4

<b>EMOTIONAL FUNCTIONING (problems with...)</b>	Never	Almost Never	Some-times	Often	Almost Always
9. Feeling afraid or scared	0	1	2	3	4
10. Feeling sad or blue	0	1	2	3	4
11. Feeling angry	0	1	2	3	4
12. Trouble sleeping	0	1	2	3	4
13. Worrying about what will happen to him or her	0	1	2	3	4

<b>SOCIAL FUNCTIONING (problems with...)</b>	Never	Almost Never	Some-times	Often	Almost Always
14. Getting along with other children	0	1	2	3	4
15. Other kids not wanting to be his or her friend	0	1	2	3	4
16. Getting teased by other children	0	1	2	3	4
17. Not able to do things that other children his or her age can do	0	1	2	3	4
18. Keeping up when playing with other children	0	1	2	3	4

<b>SCHOOL FUNCTIONING (problems with...)</b>	Never	Almost Never	Some-times	Often	Almost Always
19. Paying attention in class	0	1	2	3	4
20. Forgetting things	0	1	2	3	4
21. Keeping up with school activities	0	1	2	3	4
22. Missing school because of not feeling well	0	1	2	3	4
23. Missing school to go to the doctor or hospital	0	1	2	3	4