

**Form QL 19**

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

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

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

Transplant

Post-Transplant

# PedsQL™

## Adult Quality of Life

### Inventory

Version 4.0

#### **ADULT REPORT (ages > 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...

<b>ABOUT MY HEALTH AND ACTIVITIES (problems with...)</b>	Never	Almost Never	Some-times	Often	Almost Always
1. It is hard for me to walk more than one block	0	1	2	3	4
2. It is hard for me to run	0	1	2	3	4
3. It is hard for me to do sports activity or exercise	0	1	2	3	4
4. It is hard for me to lift something heavy	0	1	2	3	4
5. It is hard for me to take a bath or shower by myself	0	1	2	3	4
6. It is hard for me to do chores around the house	0	1	2	3	4
7. I hurt or feel pain	0	1	2	3	4
8. I have low energy	0	1	2	3	4

<b>ABOUT MY FEELINGS (problems with...)</b>	Never	Almost Never	Some-times	Often	Almost Always
9. I feel afraid or scared	0	1	2	3	4
10. I feel sad or blue	0	1	2	3	4
11. I feel angry	0	1	2	3	4
12. I have trouble sleeping	0	1	2	3	4
13. I worry about what will happen to me	0	1	2	3	4

<b>HOW I GET ALONG WITH OTHERS (problems with...)</b>	Never	Almost Never	Some-times	Often	Almost Always
14. I have trouble getting along with other adults	0	1	2	3	4
15. Other adults do not want to be my friend	0	1	2	3	4
16. Other people make fun of me	0	1	2	3	4
17. I cannot do things that other people my age can do	0	1	2	3	4
18. It is hard to keep up with my peers	0	1	2	3	4

<b>ABOUT MY WORK/STUDIES (problems with...)</b>	Never	Almost Never	Some-times	Often	Almost Always
19. It is hard to pay attention at work or school	0	1	2	3	4
20. I forget things	0	1	2	3	4
21. I have trouble keeping up with my work or studies	0	1	2	3	4
22. I miss work or school because of not feeling well	0	1	2	3	4
23. I miss work or school to go to the doctor or hospital	0	1	2	3	4