A1. Site/Study ID #: ___ ___ / ___ ___ ___ ___ A2. Date:___ ___ / ___ ___ / ___ ___ ___ ___ (Month / Day / Year) A3. Study Staff ID/Initials: ___ ___ ___

A4. Age: ___ ___ yr To DCC ☐

A5. *This form is to be completed by a subject's parent(s) or guardian(s). Please indicate below the primary source of information for this form (check al that apply):*

a. ☐ Mother b. ☐ Father c. ☐ Guardian(s)

d. ☐ Other (Specify:_____)

SECTION B: PEDSQL FOR TODDLERS

DIRECTIONS:
Below and on the following page are lists 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 checking:

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…

	Never	Almost Never	Sometimes	Often	Almost Always
PHYSICAL FUNCTIONING (problems with…)					
B1. Walking	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
B2. Running	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
B3. Participating in active play or exercise	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
B4. Lifting something heavy	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
B5. Bathing	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
B6. Helping to pick up his or her toys	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
B7. Having hurts or aches	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
B8. Low energy level	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
EMOTIONAL FUNCTIONING (problems with…)					
B9. Feeling afraid or scared	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
B10. Feeling sad or blue	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
B11. Feeling angry	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
B12. Trouble sleeping	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
B13. Worrying	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4

A1. Site/Study ID #: ___ ___ / ___ ___ ___ ___ A2. Date:___ ___ / ___ ___ / ___ ___ ___ ___
Month Day Year

In the past **ONE month**, how much of a **problem** has your child had with…

	Never	Almost Never	Sometimes	Often	Almost Always
SOCIAL FUNCTIONING (problems with…)					
B14. Playing with other children	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
B15. Other kids not wanting to play with him or her	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
B16. Getting teased by other children	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
B17. Not able to do things that other children his or her age can do	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
B18. Keeping up when playing with other children	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4

Please complete this section if your child attends school or daycare.

In the past **ONE month**, how much of a **problem** has **your child** had with…

	Never	Almost Never	Sometimes	Often	Almost Always
SCHOOL FUNCTIONING (problems with…)					
B19. Doing the same school activities as peers	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
B20. Missing school/daycare because of not feeling well	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
B21. Missing school/daycare to go to the doctor or hospital	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4