

A1. Site/Study ID#: _____ / G _____ A2. Assessment Date: _____ / _____ / _____ A3. Staff Initials: _____
Month Day Year
 A5. 1. Age 13 Years 2. Age 14 Years 3. Age 15 Years 4. Age 16 Years 5. Age 17 Years 6. Age 18 Years
 7. LT/ABD To DCC

PedsQLTM

Pediatric Quality of Life Inventory

Version 4.0

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.

