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

PedsQL 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.

PedsQL 4.0 – Teen (13-18) 01/00

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CHILDREN LOGIC

Form QL13C - Teen Report 13-18

A1. Site/Study ID#:	/ G	_ A2. Assessment [Date: / /	<i>1</i>	
A5. 1. □ Age 13 Years 7. □ LT/ABD	2. 🗆 Age 14 Years	3. Age 15 Years	Month Day 4. ☐ Age 16 Years	Year 5. □ Age 17 Years	6. ☐ Age 18 Years

In the past **ONE month**, how much of a **problem** has this been for you...

ABOUT MY HEALTH AND ACTIVITIES (problems with)	Never	Almost Never	Some- times	Often	Almost Always
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 ache.	0	1	2	3	4
8. I have low energy	0	1	2	3	4

ABOUT MY FEELINGS (problems with)		Almost Never	Some- times	Often	Almost Always
I feel afraid or scared	0	1	2	3	4
2. I feel sad or blue	0	1	2	3	4
3. I feel angry	0	1	2	3	4
4. I have trouble sleeping	0	1	2	3	4
5. I worry about what will happen to me	0	1	2	3	4

HOW I GET ALONG WITH OTHERS (problems with)		Almost Never	Some- times	Often	Almost Always
I have trouble getting along with other teens	0	1	2	3	4
2. Other teens do not want to be my friend	0	1	2	3	4
3. Other teens tease me	0	1	2	3	4
4. I cannot do things that other teens my age can do	0	1	2	3	4
5. It is hard to keep up with my peers	0	1	2	3	4

ABOUT SCHOOL (problems with)	Never	Almost Never	Some- times	Often	Almost Always
1. It is hard to pay attention in class	0	1	2	3	4
2. I forget things	0	1	2	3	4
3. I have trouble keeping up with my schoolwork	0	1	2	3	4
4. I miss school because of not feeling well	0	1	2	3	4
5. I miss school to go to the doctor or hospital	0	1	2	3	4