



PedsQL™ - Pediatric Quality of Life Inventory
Parent Report for Infants (13-24 months)

Patient ID ___ - ___ - ___ - ___ - ___

Date of evaluation (mm/dd/yy): ___ / ___ / ___

Follow-up time-point: 6 Month 12 Month

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...*

Physical Functioning (<i>problems with...</i>)	Never	Almost Never	Some-times	Often	Almost Always
1. Low energy level	0	1	2	3	4
2. Difficulty participating in active play	0	1	2	3	4
3. Having hurts or aches	0	1	2	3	4
4. Feeling tired	0	1	2	3	4
5. Being lethargic	0	1	2	3	4
6. Resting a lot	0	1	2	3	4
7. Feeling too tired to play	0	1	2	3	4
8. Difficulty walking	0	1	2	3	4
9. Difficulty running a short distance without falling	0	1	2	3	4

Physical Symptoms (<i>problems with...</i>)	Never	Almost Never	Some-times	Often	Almost Always
1. Having gas	0	1	2	3	4
2. Spitting up after eating	0	1	2	3	4
3. Difficulty breathing	0	1	2	3	4
4. Being sick to his/her stomach	0	1	2	3	4
5. Difficulty swallowing	0	1	2	3	4
6. Being constipated	0	1	2	3	4
7. Having a rash	0	1	2	3	4
8. Having diarrhea	0	1	2	3	4
9. Wheezing	0	1	2	3	4
10. Vomiting	0	1	2	3	4

Emotional Functioning (<i>problems with...</i>)	Never	Almost Never	Some-times	Often	Almost Always
1. Feeling afraid or scared	0	1	2	3	4
2. Feeling angry	0	1	2	3	4
3. Crying or fussing when left alone	0	1	2	3	4
4. Difficulty soothing himself/herself when upset	0	1	2	3	4
5. Difficulty falling asleep	0	1	2	3	4
6. Crying or fussing while being cuddled	0	1	2	3	4
7. Feeling sad	0	1	2	3	4
8. Difficulty being soothed when picked up or held	0	1	2	3	4



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

Emotional Functioning (problems with...)	Never	Almost Never	Some-times	Often	Almost Always
9. Difficulty sleeping mostly through the night	0	1	2	3	4
10. Crying a lot	0	1	2	3	4
11. Feeling cranky	0	1	2	3	4
12. Difficulty taking naps during the day	0	1	2	3	4

Social Functioning (problems with...)	Never	Almost Never	Some-times	Often	Almost Always
1. Not smiling at others	0	1	2	3	4
2. Not laughing when tickled	0	1	2	3	4
3. Not making eye contact with a caregiver	0	1	2	3	4
4. Not laughing when cuddled	0	1	2	3	4
5. Being uncomfortable around other children	0	1	2	3	4

Cognitive Functioning (problems with...)	Never	Almost Never	Some-times	Often	Almost Always
1. Not imitating caregivers' actions	0	1	2	3	4
2. Not imitating caregivers' facial expressions	0	1	2	3	4
3. Not imitating caregivers' sounds	0	1	2	3	4
4. Not able to fix his/her attention on objects	0	1	2	3	4
5. Not imitating caregivers' speech	0	1	2	3	4
6. Difficulty pointing to his/her body parts when asked	0	1	2	3	4
7. Difficulty naming familiar objects	0	1	2	3	4
8. Difficulty repeating words	0	1	2	3	4
9. Difficulty keeping his/her attention on things	0	1	2	3	4