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Patient ID Number	<input type="text"/>						
	Site	Sub-site		Sequential ID			

PedsQLTM

Pediatric Quality of Life Inventory

Version 4.0

NOTE: All variables in the data have suffix "_child"

CHILD REPORT (ages 8-12)

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.

Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0904).

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
1. It is hard for me to walk more than one block walk	0	1	2	3	4
2. It is hard for me to run run	0	1	2	3	4
3. It is hard for me to do sports activity or exercise sports	0	1	2	3	4
4. It is hard for me to lift something heavy lift	0	1	2	3	4
5. It is hard for me to take a bath or shower by myself bath	0	1	2	3	4
6. It is hard for me to do chores around the house chores	0	1	2	3	4
7. I hurt or ache ache	0	1	2	3	4
8. I have low energy energy	0	1	2	3	4

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

HOW I GET ALONG WITH OTHERS (problems with...)	Never	Almost Never	Some-times	Often	Almost Always
1. I have trouble getting along with other kids getalong	0	1	2	3	4
2. Other kids do not want to be my friend friend	0	1	2	3	4
3. Other kids tease me tease	0	1	2	3	4
4. I cannot do things that other kids my age can do dothings	0	1	2	3	4
5. It is hard to keep up when I play with other kids keepup	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 class	0	1	2	3	4
2. I forget things forget	0	1	2	3	4
3. I have trouble keeping up with my schoolwork homework	0	1	2	3	4
4. I miss school because of not feeling well feelwell	0	1	2	3	4
5. I miss school to go to the doctor or hospital godoc	0	1	2	3	4

FOR STUDY USE ONLY

Date Completed

Month

Day

Year

Completed by

Date Reviewed

Month

Day

Year

Reviewer
Code

Date Entered

Month

Day

Year

Data Entry
Code