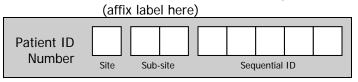
Form Approved OMB No. 0920-0904 Exp. Date 11/30/2014







Version 4.0 NOTE: All variables in the data have suffix "_child" YOUNG CHILD REPORT (ages 5-7)

Instructions for interviewer:

I am going to ask you some questions about things that might be a problem for some children. I want to know how much of a problem any of these things might be for you.

Show the child the template and point to the responses as you read.

If it is not at all a problem for you, point to the smiling face

If it is <u>sometimes</u> a problem for you, point to the middle face

If it is a problem for you <u>a lot</u>, point to the frowning face

I will read each question. Point to the pictures to show me how much of a problem it is for you. Let's try a practice one first.

	Not at all	Sometimes	A lot
Is it hard for you to snap your fingers	\odot	:	\odot

Ask the child to demonstrate snapping his or her fingers to determine whether or not the question was answered correctly. Repeat the question if the child demonstrates a response that is different from his or her action.

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).

PedsQL 2

Think about how you have been doing for the last few weeks. Please listen carefully to each sentence and tell me how much of a problem this is for you.

After reading the item, gesture to the template. If the child hesitates or does not seem to understand how to answer, read the response options while pointing at the faces.

PHYSICAL FUNCTIONING (problems with)	Not at all	Some- times	A lot
1. Is it hard for you to walk walk	0	2	4
2. Is it hard for you to run run	0	2	4
3. Is it hard for you to play sports or exercise sports	0	2	4
4. Is it hard for you to pick up big things lift	0	2	4
5. Is it hard for you to take a bath or shower bath	0	2	4
6. Is it hard for you to do chores (like pick up your toys) c	hores 0	2	4
7. Do you have hurts or aches (<i>Where?</i> ache)	0	2	4
8. Do you ever feel too tired to play energy	0	2	4

Remember, tell me how much of a problem this has been for you for the last few weeks.

EMOTIONAL FUNCTIONING (problems with)	Not at all	Some- times	A lot
1. Do you feel scared scared	0	2	4
2. Do you feel sad sad	0	2	4
3. Do you feel mad angry	0	2	4
4. Do you have trouble sleeping sleep	0	2	4
5. Do you worry about what will happen to you worry	0	2	4

SOCIAL FUNCTIONING (problems with)	Not at all	Some- times	A lot
1. Is it hard for you to get along with other kids getalong	0	2	4
2. Do other kids say they do not want to play with you fri	end 0	2	4
3. Do other kids tease you tease	0	2	4
4. Can other kids do things that you cannot do dothings	0	2	4
 Is it hard for you to keep up when you play with other kids keepup 	0	2	4

SCHOOL FUNCTIONING (problems with)	Not at all	Some- times	A lot
1. Is it hard for you to pay attention in school class	0	2	4
2. Do you forget things forget	0	2	4
3. Is it hard to keep up with schoolwork homework	0	2	4
4. Do you miss school because of not feeling good feelwe	<u>II</u> 0	2	4
5. Do you miss school because you have to go to the doctor's or hospital godoc	0	2	4

FOR STUDY USE ONLY					
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How much of a problem is this for you?

