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

(affix label here)

Patient ID Number | Site | Sub-site | Sequential ID

PedsQL™

Pediatric Quality of Life Inventory

Version 4.0

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

PARENT REPORT for **YOUNG CHILDREN** (ages **5-7**)

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 *(problems with…)*	Never	Almost Never	Some-times	Often	Almost Always
1. Walking more than one block walk	0	1	2	3	4
2. Running run	0	1	2	3	4
3. Participating in sports activity or exercise sports	0	1	2	3	4
4. Lifting something heavy lift	0	1	2	3	4
5. Taking a bath or shower by him or herself bath	0	1	2	3	4
6. Doing chores, like picking up his or her toys chores	0	1	2	3	4
7. Having hurts or aches aches	0	1	2	3	4
8. Low energy level energy	0	1	2	3	4

EMOTIONAL FUNCTIONING *(problems with…)*	Never	Almost Never	Some-times	Often	Almost Always
1. Feeling afraid or scared scared	0	1	2	3	4
2. Feeling sad or blue sad	0	1	2	3	4
3. Feeling angry angry	0	1	2	3	4
4. Trouble sleeping sleep	0	1	2	3	4
5. Worrying about what will happen to him or her worry	0	1	2	3	4

SOCIAL FUNCTIONING *(problems with…)*	Never	Almost Never	Some-times	Often	Almost Always
1. Getting along with other children getalong	0	1	2	3	4
2. Other kids not wanting to be his or her friend friend	0	1	2	3	4
3. Getting teased by other children tease	0	1	2	3	4
4. Not able to do things that other children his or her age can do dothings	0	1	2	3	4
5. Keeping up when playing with other children keepup	0	1	2	3	4

SCHOOL FUNCTIONING *(problems with…)*	Never	Almost Never	Some-times	Often	Almost Always
1. Paying attention in class class	0	1	2	3	4
2. Forgetting things forget	0	1	2	3	4
3. Keeping up with school activities homework	0	1	2	3	4
4. Missing school because of not feeling well feelwell	0	1	2	3	4
5. Missing school to go to the doctor or hospital godoc	0	1	2	3	4

FOR STUDY USE ONLY

Date Completed | | | | | | | | | | Completed by | | | |
Month Day Year

Date Reviewed | | | | | | | | | | Reviewer Code | | | |
Month Day Year

Date Entered | | | | | | | | | | Data Entry Code | | | |
Month Day Year