

ID# _____
Date: _____

PedsQLTM

Pediatric Quality of Life Inventory (UK)

Version 4.0

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 down the road a little bit	0	1	2	3	4
2. Running	0	1	2	3	4
3. Participating in sports or running games	0	1	2	3	4
4. Lifting heavy things	0	1	2	3	4
5. Having a bath or shower by him or herself	0	1	2	3	4
6. Helping to pick up his or her toys	0	1	2	3	4
7. Having hurts or aches	0	1	2	3	4
8. Feeling very tired	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 sad or unhappy	0	1	2	3	4
3. Feeling angry or cross	0	1	2	3	4
4. Trouble sleeping at night	0	1	2	3	4
5. Worrying about what will happen to him or her	0	1	2	3	4

SOCIAL FUNCTIONING (<i>problems with...</i>)	Never	Almost Never	Some-times	Often	Almost Always
1. Getting on with other children	0	1	2	3	4
2. Other kids not wanting to be his or her friend	0	1	2	3	4
3. Getting bullied by other children	0	1	2	3	4
4. Not able to do things that other children his or her age can do	0	1	2	3	4
5. Keeping up when playing with other children	0	1	2	3	4

SCHOOL FUNCTIONING (<i>problems with...</i>)	Never	Almost Never	Some-times	Often	Almost Always
1. Paying attention in class	0	1	2	3	4
2. Forgetting things	0	1	2	3	4
3. Keeping up with school activities	0	1	2	3	4
4. Having days off school because of not feeling well	0	1	2	3	4
5. Having days off school to go to the doctor or hospital	0	1	2	3	4