



ID					
Number					

## Pediatric Quality of Life

(Parent Report for Young Children Ages 5-7)

OMB No: ????: Exp Date: ???
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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 filling in the circle for **never** a problem, **almost never** a problem, **sometimes** a problem, **often** a problem, or **almost always** a problem. There are no right or wrong answers. If you do not understand a question, please ask for help. Please begin now. Thank you.

Physical Functioning (problems with...)	Never	Almo st Never	Some - times	Often	Almost Always
1. Walking more than one block	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Running	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Participating in sports activity or exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Lifting something heavy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Taking a bath or shower by him or herself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Doing chores, like picking up his or her toys	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Having hurts or aches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Low energy level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Emotional Functioning (problems with...)	Never	Almo st Never	Some - times	Often	Almost Always
1. Feeling afraid or scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Feeling sad or blue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Feeling angry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Trouble sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Worrying about what will happen to him or her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Social Functioning (problems with...)	Never	Almo st Never	Some - times	Often	Almost Always
1. Getting along with other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Other kids not wanting to be his or her friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Getting teased by other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Not being able to do things that other children his or her age can do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Keeping up when playing with other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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ID Number	
Date Interviewed	Interviewed by
Month                  Day                  Year	

School Functioning (problems with...)	Never	Almo st Never	Some - times	Often	Almost Always
1. Paying attention in class	○	○	○	○	○
2. Forgetting things	○	○	○	○	○
3. Keeping up with school activities	○	○	○	○	○
4. Missing school because of not feeling well	○	○	○	○	○
5. Missing school to go to the doctor or hospital	○	○	○	○	○

The  
 End

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