ID		_	
Number			



OMB No: ???: Exp Date: ???

Pediatric Quality of Life (Parent Report for Children Ages 8-12)

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	Almos t Alway s
1. Walking more than one block	0	0	0	0	0
2. Running	0	0	0	0	0
3. Participating in sports activity or exercise	0	0	0	0	0
4. Lifting something heavy	0	0	0	0	0
5. Taking a bath or shower by him or herself		0	0	0	0
6. Doing chores around the house		0	0	0	0
7. Having hurts or aches		0	0	0	0
8. Low energy level	0	0	0	0	0

Emotional Functioning (problems with)		Almo st Never	Some - times	Often	Almos t Alway s
1. Feeling afraid or scared	0	0	0	0	0
2. Feeling sad or blue	0	0	0	0	0
3. Feeling angry	0	0	0	0	0
4. Trouble sleeping		0	0	0	0
5. Worrying about what will happen to him or her	0	0	0	0	0

Social Functioning (problems with)		Almo st Never	Some - times	Often	Almos t Alway s
1. Getting along with other children	0	0	0	0	0
2. Other kids not wanting to be his or her friend		0	0	0	0
3. Getting teased by other children		0	0	0	0

 Not being able to do things that other children his or her age can do 	0	0	0	0	0	
5. Keeping up when playing with other children	0	0	0	0	0	
Public reporting burden of this collection of information is estimated to average 4 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the 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 his collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Clearance Officer; 1600 Clifton Road NE, MS D-24, Atlanta, Georgia 30333;						
ID Number Date Interviewed Month Day Your by						
Month Day Year			Бу			
Month Day Year School Functioning (problems with)	Never	Almo st Never	Some - times	Often	Almos t Alway s	
	Never O	st	Some -	Often O	t	
School Functioning (problems with)		st Never	Some - times		t Alway s	-
School Functioning (problems with) 1. Paying attention in class	0	st Never O	Some times	0	t Alway S	
School Functioning (problems with) 1. Paying attention in class 2. Forgetting things	0	st Never O O	Some times 0	0	t Alway s O O	

The End.



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