



ID Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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...)		Almo	Some		Almos
	Never	st	-	Often	t
	Never	Never	times	Often	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 around the house	<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...)		Almo	Some		Almos
	Never	st	-	Often	t
	Never	Never	times	Often	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...)		Almo	Some		Almos
	Never	st	-	Often	t
	Never	Never	times	Often	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"/>

