

Pediatric Quality of	Lite	ОМВ N	o:???: Ex	p Date:	???	
(Young Child Re ID		۰ <u>۱</u>				Г

Number

I am going to ask you some questions about things that might be a problem for some children. I want to know how much of a problem any of these things might be for you.

Show the child the template and point to the responses as you read.

If it is not at all a problem for you, point to the smiling face

If it is sometimes a problem for you, point to the middle face

If it is a problem for you <u>a lot</u>, point to the frowning face

I will read each question. Point to the pictures to show me how much of a problem it is for you. Let's try a practice one first.

	Not at all	Sometime s	A lot
Is it hard for you to snap your fingers	\odot	::	\odot

Ask the child to demonstrate snapping his or her fingers to determine whether or not the guestion was answered correctly. Repeat the guestion if the child demonstrates a response that is different from his or her action.

Think about how you have been doing for the last few weeks. Please listen carefully to each sentence and tell me how much of a problem this is for you.

After reading the item, gesture to the template. If the child hesitates or does not seem to understand how to answer, read the response options while pointing to the faces.

Physical Functioning (problems with)	Not at all	Sometime s	A lot
1. Is it hard for you to walk	\odot	:	\odot
2. Is it hard for you to run	\odot	:	\odot
3. Is it hard for you to play sports or exercise	\odot	:	\odot
4. Is it hard for you to pick up big things	\odot	:	\odot
5. Is it hard for you to take a bath or shower	\odot	:	\odot
Is it hard for you to do chores (like pick up your toys)	\odot	:	::
 Do you have hurts or aches (Where?) 	\odot	:	(;)
8. Do you ever feel too tired to play	\odot		\odot

Please turn over and answer questions on back of page. \rightarrow

Public reporting burden of this collection of information is estimated to average 5 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 this 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; ATTN:

Emotional Functioning (problems with)	Not at all	Sometimes	A lot
1. Do you feel scared	\odot	(\mathbf{i})	\odot
2. Do you feel sad	\odot	:	\odot
3. Do you feel angry	\odot	:: :	\odot
4. Do you have trouble sleeping	\odot	:: :	\odot
5. Do you worry about what will happen to you	\odot	:: :	\odot

Social Functioning (problems with)	Not at all	Sometimes	A lot
6. Is it hard for you to get along with other kids	\odot	:	\odot
Do other kids say they do not want to play with you	\odot	:	$\overline{\mathbf{S}}$
8. Do other kids tease you	\odot	:	\odot
9. Can other kids do things that you cannot do	\odot	::	\odot
10. Is it hard for you to keep up when you play with other kids	\odot	:	$\overline{\mathbf{S}}$

	FOR STUDY USE ONLY				
	ID Number				
	Date Interviewed	Day	lr _{Year}	nterviewed by	
Schoo	l Functioning (problems with.	- ,	Not at all	Sometimes	A lot
1. Is it	hard for you to pay attention in s	school	\odot	÷	$\overline{\mathbf{i}}$
2. Do	you forget things		\odot	÷	$\overline{\mathbf{O}}$
3. Is it	hard to keep up with schoolwork	<	\odot	÷	$\overline{\mathbf{i}}$
4. Do	you miss school because of not fe	eeling good	\odot	÷	$\overline{\mathbf{i}}$
	you miss school because you hav tor's or hospital	ve to go to the	\odot	:	$\overline{\mathbf{S}}$
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