

ID	
Number	

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

Pediatric Quality of Life (Child Report Ages 8-12)

On the following page is a list of things that might be a problem for you. Please tell us **how much of a problem** each one has been for you 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.

In the past **ONE month**, how much of a **problem** has this been for you . . .

About My Health and Activities (problems with)		Almo st Never	Some - times	Often	Almos t Alway s
1. It is hard for me to walk more than one block	0	0	0	0	0
2. It is hard for me to run	0	0	0	0	0
3. It is hard for me to do a sports activity or exercise	0	0	0	0	0
4. It is hard for me to lift something heavy	0	0	0	0	0
5. It is hard for me to take a bath or shower by myself	0	0	0	0	0
6. It is hard for me to do chores around the house	0	0	0	0	0
7. I hurt or ache	0	0	0	0	0
8. I have low energy	0	0	0	0	0

About My Feelings (problems with)	Never	Almo st Never	Some - times	Often	Almos t Alway s
1. I feel afraid or scared	0	0	0	0	0
2. I feel sad or blue	0	0	0	0	0
3. I feel angry	0	0	0	0	0
4. I have trouble sleeping	0	0	0	0	0
5. I worry about what will happen to me	0	0	0	0	0

How I Get Along with Others (problems with)	Never	Almo st Never	Some - times	Often	Almos t Alway s
1. I have trouble getting along with other kids	0	0	0	0	0
2. Other kids do not want to be my friend	0	0	0	0	0
3. Other kids tease me	0	0	0	0	0

February 5, 2021 2646101 Page 1 of 2

4. I cannot do things that other kids my age can do	0	0	0	0	0
5. It is hard to keep up when I play with other kids	0	0	0	0	0

Please turn over and answer questions on back of page.

-	page						
FOR STUDY USE ONLY							
ID Number							
Date Interviewed				Interviewed by			
	Month	Day	Year	ی			

About School (problems with)		Almo st Never	Some - times	Often	Almost Always
1. It is hard to pay attention in class	0	0	0	0	0
2. I forget things	0	0	0	0	0
3. I have trouble keeping up with my schoolwork	0	0	0	0	0
4. I miss school because of not feeling well	0	0	0	0	0
5. I miss school to go to the doctor or hospital	0	0	0	0	0

The

