



South Carolina PLAY
Project to Learn about ADHD in
Youth

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 (Teen Report Ages 13-18)

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

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

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

4. I cannot do things that other teens my age can do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. It is hard to keep up with my peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please turn over and answer questions on back of page. □

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ID Number					
Date Interviewed			Interviewed by		
Month	Day	Year			

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

The
End

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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