

ID# \_\_\_\_\_

Date: \_\_\_\_\_

# PedsQL<sup>TM</sup>

## Pediatric Quality of Life Inventory

Version 4.0 Short Form (SF15)

**TEEN REPORT** (ages **13-18**)

### DIRECTIONS

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 circling.

- 0** if it is **never** a problem
- 1** if it is **almost never** a problem
- 2** if it is **sometimes** a problem
- 3** if it is **often** a problem
- 4** if it is **almost always** a problem

There are no right or wrong answers.

If you do not understand a question, please ask for help.

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

<b>ABOUT MY HEALTH AND ACTIVITIES (problems with...)</b>	Never	Almost Never	Some- times	Often	Almost Always
1. It is hard for me to walk more than one block	0	1	2	3	4
2. It is hard for me to run	0	1	2	3	4
3. It is hard for me to do sports activity or exercise	0	1	2	3	4
4. It is hard for me to lift something heavy	0	1	2	3	4
5. It is hard for me to do chores around the house	0	1	2	3	4

<b>ABOUT MY FEELINGS (problems with...)</b>	Never	Almost Never	Some- times	Often	Almost Always
1. I feel afraid or scared	0	1	2	3	4
2. I feel sad or blue	0	1	2	3	4
3. I feel angry	0	1	2	3	4
4. I worry about what will happen to me	0	1	2	3	4

<b>HOW I GET ALONG WITH OTHERS (problems with...)</b>	Never	Almost Never	Some- times	Often	Almost Always
1. I have trouble getting along with other teens	0	1	2	3	4
2. Other teens do not want to be my friend	0	1	2	3	4
3. Other teens tease me	0	1	2	3	4

<b>ABOUT SCHOOL (problems with...)</b>	Never	Almost Never	Some- times	Often	Almost Always
1. It is hard to pay attention in class	0	1	2	3	4
2. I forget things	0	1	2	3	4
3. I have trouble keeping up with my schoolwork	0	1	2	3	4

ID# \_\_\_\_\_

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## Pediatric Quality of Life Inventory

Version 4.0 Short Form (SF15)

### PARENT REPORT for TEENS (ages 13-18)

#### DIRECTIONS

On the following page is a list of things that might be a problem for **your teen**. Please tell us **how much of a problem** each one has been for **your teen** during the **past ONE month** by circling:

- 0** if it is **never** a problem
- 1** if it is **almost never** a problem
- 2** if it is **sometimes** a problem
- 3** if it is **often** a problem
- 4** if it is **almost always** a problem

There are no right or wrong answers.  
If you do not understand a question, please ask for help.

In the past **ONE month**, how much of a **problem** has your teen had with ...

<b>PHYSICAL FUNCTIONING (problems with...)</b>	<b>Never</b>	<b>Almost Never</b>	<b>Some-times</b>	<b>Often</b>	<b>Almost Always</b>
1. Walking more than one block	0	1	2	3	4
2. Running	0	1	2	3	4
3. Participating in sports activity or exercise	0	1	2	3	4
4. Lifting something heavy	0	1	2	3	4
5. Doing chores around the house	0	1	2	3	4

<b>EMOTIONAL FUNCTIONING (problems with...)</b>	<b>Never</b>	<b>Almost Never</b>	<b>Some-times</b>	<b>Often</b>	<b>Almost Always</b>
1. Feeling afraid or scared	0	1	2	3	4
2. Feeling sad or blue	0	1	2	3	4
3. Feeling angry	0	1	2	3	4
4. Worrying about what will happen to him or her	0	1	2	3	4

<b>SOCIAL FUNCTIONING (problems with...)</b>	<b>Never</b>	<b>Almost Never</b>	<b>Some-times</b>	<b>Often</b>	<b>Almost Always</b>
1. Getting along with other teens	0	1	2	3	4
2. Other teens not wanting to be his or her friend	0	1	2	3	4
3. Getting teased by other teens	0	1	2	3	4

<b>SCHOOL FUNCTIONING (problems with...)</b>	<b>Never</b>	<b>Almost Never</b>	<b>Some-times</b>	<b>Often</b>	<b>Almost Always</b>
1. Paying attention in class	0	1	2	3	4
2. Forgetting things	0	1	2	3	4
3. Keeping up with schoolwork	0	1	2	3	4

ID# \_\_\_\_\_

Date: \_\_\_\_\_

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## Pediatric Quality of Life Inventory

Version 4.0 Short Form (SF15)

**CHILD REPORT** (ages **8-12**)

### DIRECTIONS

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 circling:

- 0** if it is **never** a problem
- 1** if it is **almost never** a problem
- 2** if it is **sometimes** a problem
- 3** if it is **often** a problem
- 4** if it is **almost always** a problem

There are no right or wrong answers.

If you do not understand a question, please ask for help.

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

<b>ABOUT MY HEALTH AND ACTIVITIES (problems with...)</b>	Never	Almost Never	Some-times	Often	Almost Always
1. It is hard for me to walk more than one block	0	1	2	3	4
2. It is hard for me to run	0	1	2	3	4
3. It is hard for me to do sports activity or exercise	0	1	2	3	4
4. It is hard for me to lift something heavy	0	1	2	3	4
5. It is hard for me to do chores around the house	0	1	2	3	4

<b>ABOUT MY FEELINGS (problems with...)</b>	Never	Almost Never	Some-times	Often	Almost Always
1. I feel afraid or scared	0	1	2	3	4
2. I feel sad or blue	0	1	2	3	4
3. I feel angry	0	1	2	3	4
4. I worry about what will happen to me	0	1	2	3	4

<b>HOW I GET ALONG WITH OTHERS (problems with...)</b>	Never	Almost Never	Some-times	Often	Almost Always
1. I have trouble getting along with other kids	0	1	2	3	4
2. Other kids do not want to be my friend	0	1	2	3	4
3. Other kids tease me	0	1	2	3	4

<b>ABOUT SCHOOL (problems with...)</b>	Never	Almost Never	Some-times	Often	Almost Always
1. It is hard to pay attention in class	0	1	2	3	4
2. I forget things	0	1	2	3	4
3. I have trouble keeping up with my schoolwork	0	1	2	3	4

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Date: \_\_\_\_\_

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## Pediatric Quality of Life Inventory

Version 4.0 Short Form (SF15)

### PARENT REPORT for CHILDREN (ages 8-12)

#### DIRECTIONS

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 circling.

- 0** if it is **never** a problem
- 1** if it is **almost never** a problem
- 2** if it is **sometimes** a problem
- 3** if it is **often** a problem
- 4** if it is **almost always** a problem

There are no right or wrong answers.

If you do not understand a question, please ask for help.

In the past **ONE month**, how much of a **problem** has your child had with ...

<b>PHYSICAL FUNCTIONING (problems with...)</b>	<b>Never</b>	<b>Almost Never</b>	<b>Some-times</b>	<b>Often</b>	<b>Almost Always</b>
1. Walking more than one block	0	1	2	3	4
2. Running	0	1	2	3	4
3. Participating in sports activity or exercise	0	1	2	3	4
4. Lifting something heavy	0	1	2	3	4
5. Doing chores around the house	0	1	2	3	4

<b>EMOTIONAL FUNCTIONING (problems with...)</b>	<b>Never</b>	<b>Almost Never</b>	<b>Some-times</b>	<b>Often</b>	<b>Almost Always</b>
1. Feeling afraid or scared	0	1	2	3	4
2. Feeling sad or blue	0	1	2	3	4
3. Feeling angry	0	1	2	3	4
4. Worrying about what will happen to him or her	0	1	2	3	4

<b>SOCIAL FUNCTIONING (problems with...)</b>	<b>Never</b>	<b>Almost Never</b>	<b>Some-times</b>	<b>Often</b>	<b>Almost Always</b>
1. Getting along with other children	0	1	2	3	4
2. Other kids not wanting to be his or her friend	0	1	2	3	4
3. Getting teased by other children	0	1	2	3	4

<b>SCHOOL FUNCTIONING (problems with...)</b>	<b>Never</b>	<b>Almost Never</b>	<b>Some-times</b>	<b>Often</b>	<b>Almost Always</b>
1. Paying attention in class	0	1	2	3	4
2. Forgetting things	0	1	2	3	4
3. Keeping up with schoolwork	0	1	2	3	4



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## Pediatric Quality of Life Inventory

Version 4.0 Short Form (SF15)

**YOUNG CHILD REPORT (ages 5-7)**

Instructions for interviewer:

***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 a lot, 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	Sometimes	A lot
<b>Is it hard for you to snap your fingers</b>			

Ask the child to demonstrate snapping his or her fingers to determine whether or not the question was answered correctly. Repeat the question 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 at the faces.

<b>PHYSICAL FUNCTIONING (problems with...)</b>	<b>Not at all</b>	<b>Some-times</b>	<b>A lot</b>
1. Is it hard for you to walk	0	2	4
2. Is it hard for you to run	0	2	4
3. Is it hard for you to play sports or exercise	0	2	4
4. Is it hard for you to pick up big things	0	2	4
5. Is it hard for you to do chores (like pick up your toys)	0	2	4

**Remember, tell me how much of a problem this has been for you for the last few weeks.**

<b>EMOTIONAL FUNCTIONING (problems with...)</b>	<b>Not at all</b>	<b>Some-times</b>	<b>A lot</b>
1. Do you feel scared	0	2	4
2. Do you feel sad	0	2	4
3. Do you feel mad	0	2	4
4. Do you worry about what will happen to you	0	2	4

<b>SOCIAL FUNCTIONING (problems with...)</b>	<b>Not at all</b>	<b>Some-times</b>	<b>A lot</b>
1. Is it hard for you to get along with other kids	0	2	4
2. Do other kids say they do not want to play with you	0	2	4
3. Do other kids tease you	0	2	4

<b>SCHOOL FUNCTIONING (problems with...)</b>	<b>Not at all</b>	<b>Some-times</b>	<b>A lot</b>
1. Is it hard for you to pay attention in school	0	2	4
2. Do you forget things	0	2	4
3. Is it hard to keep up with schoolwork	0	2	4

# How much of a problem is this for you?

Not at all



Sometimes



A lot



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## Pediatric Quality of Life Inventory

Version 4.0 Short Form (SF15)

### PARENT REPORT for YOUNG CHILDREN (ages 5-7)

#### DIRECTIONS

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 circling:

- 0 if it is **never** a problem
- 1 if it is **almost never** a problem
- 2 if it is **sometimes** a problem
- 3 if it is **often** a problem
- 4 if it is **almost always** a problem

There are no right or wrong answers.  
If you do not understand a question, please ask for help.

In the past **ONE month**, how much of a **problem** has your child had with ...

<b>PHYSICAL FUNCTIONING (problems with...)</b>	Never	Almost Never	Some-times	Often	Almost Always
1. Walking more than one block	0	1	2	3	4
2. Running	0	1	2	3	4
3. Participating in sports activity or exercise	0	1	2	3	4
4. Lifting something heavy	0	1	2	3	4
5. Doing chores, like picking up his or her toys	0	1	2	3	4

<b>EMOTIONAL FUNCTIONING (problems with...)</b>	Never	Almost Never	Some-times	Often	Almost Always
1. Feeling afraid or scared	0	1	2	3	4
2. Feeling sad or blue	0	1	2	3	4
3. Feeling angry	0	1	2	3	4
4. Worrying about what will happen to him or her	0	1	2	3	4

<b>SOCIAL FUNCTIONING (problems with...)</b>	Never	Almost Never	Some-times	Often	Almost Always
1. Getting along with other children	0	1	2	3	4
2. Other kids not wanting to be his or her friend	0	1	2	3	4
3. Getting teased by other children	0	1	2	3	4

<b>SCHOOL FUNCTIONING (problems with...)</b>	Never	Almost Never	Some-times	Often	Almost Always
1. Paying attention in class	0	1	2	3	4
2. Forgetting things	0	1	2	3	4
3. Keeping up with school activities	0	1	2	3	4

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## Pediatric Quality of Life Inventory

Version 4.0 Short Form (SF15)

### PARENT REPORT for TODDLERS (ages 2-4)

#### DIRECTIONS

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 circling:

- 0** if it is **never** a problem
- 1** if it is **almost never** a problem
- 2** if it is **sometimes** a problem
- 3** if it is **often** a problem
- 4** if it is **almost always** a problem

There are no right or wrong answers.  
If you do not understand a question, please ask for help.

In the past **ONE month**, how much of a **problem** has your child had with ...

<b>PHYSICAL FUNCTIONING (problems with...)</b>	Never	Almost Never	Some-times	Often	Almost Always
1. Walking	0	1	2	3	4
2. Running	0	1	2	3	4
3. Participating in active play or exercise	0	1	2	3	4
4. Lifting something heavy	0	1	2	3	4
5. Helping to pick up his or her toys	0	1	2	3	4

<b>EMOTIONAL FUNCTIONING (problems with...)</b>	Never	Almost Never	Some-times	Often	Almost Always
1. Feeling afraid or scared	0	1	2	3	4
2. Feeling sad or blue	0	1	2	3	4
3. Feeling angry	0	1	2	3	4
4. Worrying	0	1	2	3	4

<b>SOCIAL FUNCTIONING (problems with...)</b>	Never	Almost Never	Some-times	Often	Almost Always
1. Playing with other children	0	1	2	3	4
2. Other kids not wanting to play with him or her	0	1	2	3	4
3. Getting teased by other children	0	1	2	3	4

**\*Please complete this section if your child attends school or daycare**

<b>SCHOOL FUNCTIONING (problems with...)</b>	Never	Almost Never	Some-times	Often	Almost Always
1. Doing the same school activities as peers	0	1	2	3	4
2. Missing school/daycare because of not feeling well	0	1	2	3	4
3. Missing school/daycare to go to the doctor or hospital	0	1	2	3	4