**Pediatric Quality of Life Inventory (PedsQL) Version 4.0
PARENT REPORT for CHILDREN (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 **your child** during the **past ONE month** by checking the box below the relevant heading for each question:

**Never** if it is **never a problem
Almost never** if it is almost never a problem
**Sometimes** if it is **sometimes a problem
Often** if it is **often a problem
Almost always** 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.

**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 **your child** during the **past ONE month** by checking the box below the relevant heading for each question:

**Never** if it is **never a problem
Almost never** if it is almost never a problem
**Sometimes** if it is **sometimes a problem
Often** if it is **often a problem
Almost always** 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… |  |  |  |  |  |
| **Physical functioning (problems with)** | **Never** | **Almost never** | **Sometimes** | **Often** | **AlmostAlways** |
| 1. Walking more than one block
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Running
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Participating in sports activity or exercise
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Lifting something heavy
 | [ ]  |[ ] [ ] [ ] [ ]
| 1. Taking a bath or shower by him or herself
 |[ ] [ ] [ ] [ ] [ ]
| 1. Doing chores around the house
 |[ ] [ ] [ ] [ ] [ ]
| 1. Having hurts or aches
 |[ ] [ ] [ ] [ ] [ ]
| 1. Low energy level
 |[ ] [ ] [ ] [ ] [ ]
| **Emotional functioning (problems with)** |  |  |  |  |  |
| 1. Feeling afraid or scared
 |[ ] [ ] [ ] [ ] [ ]
| 1. Feeling sad or blue
 |[ ] [ ] [ ] [ ] [ ]
| 1. Feeling angry
 |[ ] [ ] [ ] [ ] [ ]
| 1. Trouble sleeping
 |[ ] [ ] [ ] [ ] [ ]
| 1. Worrying about what will happen to him or her
 |[ ] [ ] [ ] [ ] [ ]