

Appendix C: PedsQL assessment tool

ID# _____

Date: _____

PedsQL™

Young Adult Quality of Life Inventory

Version 4.0 Short Form (SF15)

YOUNG ADULT REPORT (ages 18-25)

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:

- if it is **never** a problem
- if it is **almost never** a problem
- if it is **sometimes** a problem
- if it is **often** a problem
- 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 ...

ABOUT MY HEALTH AND ACTIVITIES (problems with...)	Never	Almost Never	Sometimes	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

ABOUT MY FEELINGS (problems with...)	Never	Almost Never	Sometimes	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

HOW I GET ALONG WITH OTHERS (problems with...)	Never	Almost Never	Sometimes	Often	Almost Always
1. I have trouble getting along with other young adults	0	1	2	3	4
2. Other young adults do not want to be my friend	0	1	2	3	4
3. Other young adults tease me	0	1	2	3	4

ABOUT MY WORK/STUDIES (problems with...)	Never	Almost Never	Sometimes	Often	Almost Always
1. It is hard to pay attention at work or school	0	1	2	3	4
2. I forget things	0	1	2	3	4
3. I have trouble keeping up with my work or studies	0	1	2	3	4