

ID# _____

Date: _____

PedsQL

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:

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 <i>(problems with...)</i>	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 <i>(problems with...)</i>	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 <i>(problems with...)</i>	Never	Almost Never	Sometimes	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

ABOUT SCHOOL <i>(problems with...)</i>	Never	Almost Never	Sometimes	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