

Client ID Number:

Name:

Date of Birth:
Day Month Year

Pediatric Quality of Life Inventory

Parent report for Adolescents up to 18

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 clicking :

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.

PHYSICAL FUNCTIONING (problems with...)

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. Taking a bath or shower by him or herself 0 1 2 3 4
6. Doing chores around the house 0 1 2 3 4
7. Having hurts or aches 0 1 2 3 4
8. Low energy level 0 1 2 3 4

EMOTIONAL FUNCTIONING (problems with...)

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. Trouble sleeping 0 1 2 3 4
5. Worrying about what will happen to him or her 0 1 2 3 4

SOCIAL FUNCTIONING (problems with...)

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
4. Not able to do things that other children his or her age can do 0 1 2 3 4
5. Keeping up when playing with other children 0 1 2 3 4

SCHOOL FUNCTIONING (problems with...)

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
4. Missing school because of not feeling well 0 1 2 3 4
5. Missing school to go to the doctor or hospital 0 1 2 3 4

Date Assessed: mm/dd/yyyy Name of Rater: