

ID# _____
Date: _____

PedsQL™

Pediatric Quality of Life Inventory

Version 4.0 Short Form (SF15)

PARENT REPORT for TODDLERS (ages 2-4) Acute Version

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 7 days** 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 **7 days**, how much of a **problem** has your child had with ...*

PHYSICAL FUNCTIONING (problems with...)	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

EMOTIONAL FUNCTIONING (problems with...)	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

SOCIAL FUNCTIONING (problems with...)	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***

SCHOOL FUNCTIONING (problems with...)	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