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| ID# _____   |
| Date: _____ |

# PedsQL™

## Pediatric Quality of Life Inventory

Version 4.0 Short Form (SF15)

### YOUNG CHILD REPORT (ages 5-7)

Instructions for interviewer:

***I am going to ask you some questions about things that might be a problem for some children. I want to know how much of a problem any of these things might be for you.***




Show the child the template and point to the responses as you read.

***If it is not at all a problem for you, point to the smiling face***

***If it is sometimes a problem for you, point to the middle face***

***If it is a problem for you a lot, point to the frowning face***

***I will read each question. Point to the pictures to show me how much of a problem it is for you. Let's try a practice one first.***

|   | Not at all  | Sometimes   | A lot   |
|---|---|---|---|
| Is it hard for you to snap your fingers |  |  |  |

Ask the child to demonstrate snapping his or her fingers to determine whether or not the question was answered correctly. Repeat the question if the child demonstrates a response that is different from his or her action.

**Think about how you have been doing for the last few weeks. Please listen carefully to each sentence and tell me how much of a problem this is for you.**

After reading the item, gesture to the template. If the child hesitates or does not seem to understand how to answer, read the response options while pointing at the faces.

| <b>PHYSICAL FUNCTIONING (problems with...)</b>              | <b>Not at all</b> | <b>Some-times</b> | <b>A lot</b> |
|---|-------------------|-------------------|--------------|
| 1. Is it hard for you to walk                               | 0                 | 2                 | 4            |
| 2. Is it hard for you to run                                | 0                 | 2                 | 4            |
| 3. Is it hard for you to play sports or exercise            | 0                 | 2                 | 4            |
| 4. Is it hard for you to pick up big things                 | 0                 | 2                 | 4            |
| 5. Is it hard for you to do chores (like pick up your toys) | 0                 | 2                 | 4            |

**Remember, tell me how much of a problem this has been for you for the last few weeks.**

| <b>EMOTIONAL FUNCTIONING (problems with...)</b> | <b>Not at all</b> | <b>Some-times</b> | <b>A lot</b> |
|---|-------------------|-------------------|--------------|
| 1. Do you feel scared                           | 0                 | 2                 | 4            |
| 2. Do you feel sad                              | 0                 | 2                 | 4            |
| 3. Do you feel mad                              | 0                 | 2                 | 4            |
| 4. Do you worry about what will happen to you   | 0                 | 2                 | 4            |

| <b>SOCIAL FUNCTIONING (problems with...)</b>           | <b>Not at all</b> | <b>Some-times</b> | <b>A lot</b> |
|--|-------------------|-------------------|--------------|
| 1. Is it hard for you to get along with other kids     | 0                 | 2                 | 4            |
| 2. Do other kids say they do not want to play with you | 0                 | 2                 | 4            |
| 3. Do other kids tease you                             | 0                 | 2                 | 4            |

| <b>SCHOOL FUNCTIONING (problems with...)</b>     | <b>Not at all</b> | <b>Some-times</b> | <b>A lot</b> |
|--|-------------------|-------------------|--------------|
| 1. Is it hard for you to pay attention in school | 0                 | 2                 | 4            |
| 2. Do you forget things                          | 0                 | 2                 | 4            |
| 3. Is it hard to keep up with schoolwork         | 0                 | 2                 | 4            |

# How much of a problem is this for you?

Not at all



Sometimes



A lot

