

ID# _____
Date: _____

# PedsQL™

## Pediatric Quality of Life Inventory

Version 4.0 Short Form (SF15)

### TEEN REPORT (ages 13-18)

#### 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:

- 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 **ONE month**, how much of a **problem** has this been for you ...

<b>ABOUT MY HEALTH AND ACTIVITIES (problems with...)</b>	<b>Never</b>	<b>Almost Never</b>	<b>Some- times</b>	<b>Often</b>	<b>Almost Always</b>
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

<b>ABOUT MY FEELINGS (problems with...)</b>	<b>Never</b>	<b>Almost Never</b>	<b>Some- times</b>	<b>Often</b>	<b>Almost Always</b>
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

<b>HOW I GET ALONG WITH OTHERS (problems with...)</b>	<b>Never</b>	<b>Almost Never</b>	<b>Some- times</b>	<b>Often</b>	<b>Almost Always</b>
1. I have trouble getting along with other teens	0	1	2	3	4
2. Other teens do not want to be my friend	0	1	2	3	4
3. Other teens tease me	0	1	2	3	4

<b>ABOUT SCHOOL (problems with...)</b>	<b>Never</b>	<b>Almost Never</b>	<b>Some- times</b>	<b>Often</b>	<b>Almost Always</b>
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