

ID# _____

Date: _____

PedsQL™

Pediatric Quality of Life Inventory

Version 4.0 Short Form (SF15)

PARENT REPORT for TEENS (ages 13-18) Acute Version

DIRECTIONS

On the following page is a list of things that might be a problem for **your teen**. Please tell us **how much of a problem** each one has been for **your teen** 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 teen had with ...*

PHYSICAL FUNCTIONING (problems with...)	Never	Almost Never	Some- times	Often	Almost Always
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. Doing chores around the house	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 about what will happen to him or her	0	1	2	3	4

SOCIAL FUNCTIONING (problems with...)	Never	Almost Never	Some- times	Often	Almost Always
1. Getting along with other teens	0	1	2	3	4
2. Other teens not wanting to be his or her friend	0	1	2	3	4
3. Getting teased by other teens	0	1	2	3	4

SCHOOL FUNCTIONING (problems with...)	Never	Almost Never	Some- times	Often	Almost Always
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