**Pediatric Quality of Life Inventory (PedsQL) Version 4.0   
PARENT REPORT for CHILDREN (AGES 5-7)**

**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 **your child** during the **past ONE month** by checking the box below the relevant heading for each question:  
  
**Never** if it is **never a problem  
Almost never** if it is **almost never a problem**  
**Sometimes** if it is **sometimes a problem  
Often** if it is **often a problem  
Almost always** 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.

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | |  | |
| In the past **ONE month,** how much of a **problem** has your child had with… |  |  |  | |  | |  | |
| **Physical functioning (problems with)** | **Never** | **Almost  never** | **Sometimes** | **Often** | | **Almost Always** | |
| 1. Walking down the road a little bit |  |  |  |  | |  | |
| 1. Running |  |  |  |  | |  | |
| 1. Participating in sports or running games |  |  |  |  | |  | |
| 1. Lifting heavy things |  |  |  |  | |  | |
| 1. Taking a bath or shower by him or herself |  |  |  |  | |  | |
| 1. Helping to pick up his or her toys |  |  |  |  | |  | |
| 1. Having hurts or aches |  |  |  |  | |  | |
| 1. Feeling very tired |  |  |  |  | |  | |
| **Emotional functioning (problems with)** |  |  |  |  | |  | |
| 1. Feeling afraid or scared |  |  |  |  | |  | |
| 1. Feeling sad or unhappy |  |  |  |  | |  | |
| 1. Feeling angry or cross |  |  |  |  | |  | |
| 1. Trouble sleeping at night |  |  |  |  | |  | |
| 1. Worrying about what will happen to him or her |  |  |  |  | |  | |