**Pediatric Quality of Life Inventory (PedsQL) Version 4.0 TEENAGER 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 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 this been for you… |  |  |  |  |  |
| **About My Health and Activities (problems with…)** | **Never** | **Almost never** | **Sometimes** | **Often** | **AlmostAlways** |
| 1. It is hard for me to walk more than one block
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. It is hard for me to run
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. It is hard for me to do sports activity or exercise
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. It is hard for me to lift something heavy
 | [ ]  |[ ] [ ] [ ] [ ]
| 1. It is hard for me to take a bath or shower by myself
 |[ ] [ ] [ ] [ ] [ ]
| 1. It is hard for me to do chores around the house
 |[ ] [ ] [ ] [ ] [ ]
| 1. I hurt or ache
 |[ ] [ ] [ ] [ ] [ ]
| 1. I have low energy
 |[ ] [ ] [ ] [ ] [ ]
| **About My Feelings (problems with…)** |  |  |  |  |  |
| 1. I feel afraid or scared
 |[ ] [ ] [ ] [ ] [ ]
| 1. I feel sad or blue
 |[ ] [ ] [ ] [ ] [ ]
| 1. I feel angry
 |[ ] [ ] [ ] [ ] [ ]
| 1. I have trouble sleeping
 |[ ] [ ] [ ] [ ] [ ]
| 1. I worry about what will happen to me
 |[ ] [ ] [ ] [ ] [ ]

 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 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 this been for you… |  |  |  |  |  |
| **About My Health and Activities (problems with…)** | **Never** | **Almost never** | **Sometimes** | **Often** | **AlmostAlways** |
| 1. It is hard for me to walk more than a couple of streets (about 100 metres)
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. It is hard for me to run
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. It is hard for me to do sports activity or exercise
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. It is hard for me to lift heavy things
 | [ ]  |[ ] [ ] [ ] [ ]
| 1. It is hard for me to take a bath or shower by myself
 |[ ] [ ] [ ] [ ] [ ]
| 1. It is hard for me to do chores around the house
 |[ ] [ ] [ ] [ ] [ ]
| 1. I have aches and pains
 |[ ] [ ] [ ] [ ] [ ]
| 1. I feel tired
 |[ ] [ ] [ ] [ ] [ ]
| **About My Feelings (problems with…)** |  |  |  |  |  |
| 1. I feel afraid or scared
 |[ ] [ ] [ ] [ ] [ ]
| 1. I feel sad
 |[ ] [ ] [ ] [ ] [ ]
| 1. I feel angry
 |[ ] [ ] [ ] [ ] [ ]
| 1. I have trouble sleeping
 |[ ] [ ] [ ] [ ] [ ]
| 1. I worry about what will happen to me
 |[ ] [ ] [ ] [ ] [ ]

**The Hague Seizure Severity Scale (HASS scale)**

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