**Pediatric Quality of Life Inventory (PedsQL) Version 4.0 CHILD REPORT (AGES 8-12)**

**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 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** | **Almost Always** |
| 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 |  |  |  |  |  |

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