Pediatric Quality of Life Inventory – Generic Core Scales

BASELINE Parent Report for Teens **13 to 18 YEARS**

Participant P-ICECAP ID: _____

Participant DOB: _____/_____/_____

Age at administration: _____

Date of administration: _____/_____/_____

Site Name: _____

Instructions**:** On this page is a list of things that might be a problem for **your child**. Please tell us **how much of a problem** each one has been for **your child** during the **past ONE month, prior to your child's cardiac arrest** by circling:

0 if it was **never** a problem
1 if it was **almost never** a problem
2 if it was **sometimes** a problem
3 if it was **often** a problem
4 if it was **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 prior to their cardiac arrest,** how much of a **problem** has your child 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. Taking a bath or shower by him or herself	0	1	2	3	4
6. Doing chores around the house	0	1	2	3	4
7. Having hurts or aches	0	1	2	3	4
8. Low energy level	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. Trouble sleeping	0	1	2	3	4
5. 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
4. Not able to do things that other teens his or her	0	1	2	3	4
5. Keeping up with other teens	0	1	2	3	4

SCHOOL FUNCTIONING ***(problems with…)***	**Never**	**Almost Never**	**Some-times**	**Often**	**Almost Always**
6. Paying attention in class	0	1	2	3	4
7. Forgetting things	0	1	2	3	4
8. Keeping up with schoolwork	0	1	2	3	4
9. Missing school because of not feeling well	0	1	2	3	4
10. Missing school to go to the doctor or hospital	0	1	2	3	4

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