Pediatric Quality of Life Inventory – Generic Core Scales
BASELINE Parent Report for Toddlers **2 to < 5 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, <u>prior to your child's cardiac arrest</u>** 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	0	1	2	3	4
2. Running	0	1	2	3	4
3. Participating in active play or exercise	0	1	2	3	4
4. Lifting something heavy	0	1	2	3	4
5. Bathing	0	1	2	3	4
6. Helping to pick up his or her toys	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	0	1	2	3	4

SOCIAL FUNCTIONING *(problems with…)*	Never	Almost Never	Some-times	Often	Almost Always
1. Playing with other children	0	1	2	3	4
2. Other kids not wanting to play with him or her	0	1	2	3	4
3. Getting teased by other children	0	1	2	3	4
4. Not able to do things that other children his or her age can do	0	1	2	3	4
5. Keeping up when playing with other children	0	1	2	3	4

Please complete this section if your child attends school or daycare

SCHOOL FUNCTIONING *(problems with…)*	Never	Almost Never	Some-times	Often	Almost Always
1. Doing the same school activities as peers	0	1	2	3	4
2. Missing school/daycare because of not feeling	0	1	2	3	4
3. Missing school/daycare to go to the doctor or	0	1	2	3	4