

Pediatric Quality of Life Inventory – Generic Core Scales
BASELINE Parent Report for Young Children 5 to 7 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 (<i>problems with...</i>) | 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, like picking 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 (<i>problems with...</i>) | 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 (<i>problems with...</i>) | Never | Almost Never | Some-times | Often | Almost Always |
|---|--------------|---------------------|-------------------|--------------|----------------------|
| 1. Getting along with other children | 0 | 1 | 2 | 3 | 4 |
| 2. Other kids not wanting to be his or her friend | 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 | 0 | 1 | 2 | 3 | 4 |
| 5. Keeping up when playing with other children | 0 | 1 | 2 | 3 | 4 |

| SCHOOL FUNCTIONING (<i>problems with...</i>) | Never | Almost Never | Some-times | Often | Almost Always |
|---|--------------|---------------------|-------------------|--------------|----------------------|
| 1. Paying attention in class | 0 | 1 | 2 | 3 | 4 |
| 2. Forgetting things | 0 | 1 | 2 | 3 | 4 |
| 3. Keeping up with school activities | 0 | 1 | 2 | 3 | 4 |
| 4. Missing school because of not feeling well | 0 | 1 | 2 | 3 | 4 |
| 5. Missing school to go to the doctor or hospital | 0 | 1 | 2 | 3 | 4 |