Pediatric Quality of Life Inventory – Generic Core Scales BASELINE Parent Report for Young Children <u>5 to < 8 YEARS</u>

	Participant P-ICECAP ID:
	Participant DOB://
in the	Age at administration:
P-ICECAP	Date of administration://
-ICECAP	Site Name:

<u>Instructions</u>: 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)		Almost Never	Some- times	Often	Almost Always
Walking more than one block	0	1	2	3	4
Running	0	1	2	3	4
Participating in sports activity or exercise	0	1	2	3	4
Lifting something heavy	0	1	2	3	4
Taking a bath or shower by him or herself	0	1	2	3	4
Doing chores, like picking up his or her toys	0	1	2	3	4
Having hurts or aches	0	1	2	3	4
Low energy level	0	1	2	3	4
	Walking more than one blockRunningParticipating in sports activity or exerciseLifting something heavyTaking a bath or shower by him or herselfDoing chores, like picking up his or her toysHaving hurts or aches	Walking more than one block0Running0Participating in sports activity or exercise0Lifting something heavy0Taking a bath or shower by him or herself0Doing chores, like picking up his or her toys0Having hurts or aches0	CAL Force for billing with any one block01Walking more than one block01Running01Participating in sports activity or exercise01Lifting something heavy01Taking a bath or shower by him or herself01Doing chores, like picking up his or her toys01Having hurts or aches01	CAL Force for the one blockNevertimesWalking more than one block012Running012Participating in sports activity or exercise012Lifting something heavy012Taking a bath or shower by him or herself012Doing chores, like picking up his or her toys012Having hurts or aches012	CAL FONCTIONING (problems with)NevertimesWalking more than one block0123Running0123Participating in sports activity or exercise0123Lifting something heavy0123Taking a bath or shower by him or herself0123Doing chores, like picking up his or her toys0123Having hurts or aches0123

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 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 her age can do	0	1	2	3	4
5.	Keeping up when playing with other children	0	1	2	3	4

SCHOOL FUNCTIONING (problems with)		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