

Pediatric Quality of Life Inventory – Generic Core Scales
BASELINE Parent Report for Young Children 5 to < 8 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 her age can do	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