

**Pediatric Quality of Life Inventory – Generic Core Scales**  
**BASELINE Parent Report for Children 8 to < 13 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...

<b>PHYSICAL FUNCTIONING (PROBLEMS WITH...)</b>	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

<b>EMOTIONAL FUNCTIONING (PROBLEMS WITH...)</b>	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

<b>SOCIAL FUNCTIONING (PROBLEMS WITH...)</b>	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

<b>SCHOOL FUNCTIONING (PROBLEMS WITH...)</b>	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 schoolwork	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