

Pediatric Quality of Life Inventory – Infant Scales
BASELINE Parent Report for Infants 13 MONTHS to < 2 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 (problems with...)		Never	Almost Never	Some-times	Often	Almost Always
1.	Low energy level	0	1	2	3	4
2.	Difficulty participating in active play	0	1	2	3	4
3.	Having hurts or aches	0	1	2	3	4
4.	Feeling tired	0	1	2	3	4
5.	Being lethargic	0	1	2	3	4
6.	Resting a lot	0	1	2	3	4
7.	Feeling too tired to play	0	1	2	3	4
8.	Difficulty walking	0	1	2	3	4
9.	Difficulty running a short distance without falling	0	1	2	3	4

PHYSICAL SYMPTOMS (problems with...)		Never	Almost Never	Some-times	Often	Almost Always
1.	Having gas	0	1	2	3	4
2.	Spitting up after eating	0	1	2	3	4
3.	Difficulty breathing	0	1	2	3	4
4.	Being sick to his/her stomach	0	1	2	3	4
5.	Difficulty swallowing	0	1	2	3	4
6.	Being constipated	0	1	2	3	4
7.	Having a rash	0	1	2	3	4
8.	Having diarrhea	0	1	2	3	4
9.	Wheezing	0	1	2	3	4
10.	Vomiting	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 angry	0	1	2	3	4
3.	Crying or fussing when left alone	0	1	2	3	4
4.	Difficulty soothing himself/herself when upset	0	1	2	3	4
5.	Difficulty falling asleep	0	1	2	3	4
6.	Crying or fussing while being cuddled	0	1	2	3	4
7.	Feeling sad	0	1	2	3	4
8.	Difficulty being soothed when picked up or held	0	1	2	3	4
9.	Difficulty sleeping mostly through the night	0	1	2	3	4
10.	Crying a lot	0	1	2	3	4
11.	Feeling cranky	0	1	2	3	4
12.	Difficulty taking naps during the day	0	1	2	3	4

In the past **ONE month prior to their cardiac arrest**, how much of a **problem** has your child had with...

SOCIAL FUNCTIONING (problems with...)		Never	Almost Never	Some-times	Often	Almost Always
1.	Not smiling at others	0	1	2	3	4
2.	Not laughing when tickled	0	1	2	3	4
3.	Not making eye contact with a caregiver	0	1	2	3	4
4.	Not laughing when cuddled	0	1	2	3	4
5.	Being uncomfortable around other children	0	1	2	3	4

COGNITIVE FUNCTIONING (problems with...)		Never	Almost Never	Some-times	Often	Almost Always
1.	Not imitating caregivers' actions	0	1	2	3	4
2.	Not imitating caregivers' facial expressions	0	1	2	3	4
3.	Not imitating caregivers' sounds	0	1	2	3	4
4.	Not able to fix his/her attention on objects	0	1	2	3	4
5.	Not imitating caregivers' speech	0	1	2	3	4
6.	Difficulty pointing to his/her body parts when asked	0	1	2	3	4
7.	Difficulty naming familiar objects	0	1	2	3	4
8.	Difficulty repeating words	0	1	2	3	4
9.	Difficulty keeping his/her attention on things	0	1	2	3	4