

**Pediatric Quality of Life Inventory – Infant Scales**  
**BASELINE Parent Report for Infants 2 days to 12 MONTHS**



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>	<b>Never</b>	<b>Almost Never</b>	<b>Some-times</b>	<b>Often</b>	<b>Almost Always</b>
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

<b>PHYSICAL SYMPTOMS (problems with...)</b>	<b>Never</b>	<b>Almost Never</b>	<b>Some-times</b>	<b>Often</b>	<b>Almost Always</b>
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

<b>EMOTIONAL FUNCTIONING (problems with...)</b>	<b>Never</b>	<b>Almost Never</b>	<b>Some-times</b>	<b>Often</b>	<b>Almost Always</b>
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...

<b>SOCIAL FUNCTIONING (<i>problems with...</i>)</b>		<b>Never</b>	<b>Almost Never</b>	<b>Some- times</b>	<b>Often</b>	<b>Almost Always</b>
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

<b>COGNITIVE FUNCTIONING (<i>problems with...</i>)</b>		<b>Never</b>	<b>Almost Never</b>	<b>Some- times</b>	<b>Often</b>	<b>Almost Always</b>
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