

Date: _____

ID# _____

PedsQL

Paediatric Quality of life Inventory

Version 4.0

PARENT REPORT for TODDLERS (ages 2-4)

DIRECTIONS

On the following 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 MONTH** by circling:

0 if it is **never** a problem

1 if it is **almost never** a problem

2 if it is **sometimes** a problem

3 if it is **often** a problem

4 if it is **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 MONTH**, how much of a **problem** has your child had with ...

PHYSICAL FUNCTIONING (problems with ...)	Never	Almost Never	Some-times	Often	Almost Always
1. Walking	0	1	2	3	4
2. Running	0	1	2	3	4
3. Participating in active play and exercise	0	1	2	3	4
4. Lifting heavy things	0	1	2	3	4
5. Bathing	0	1	2	3	4
6. Helping to pick up his or her toys	0	1	2	3	4
7. Having aches or pains	0	1	2	3	4
8. Feeling tired	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 sad	0	1	2	3	4
3. Feeling angry	0	1	2	3	4
4. Having trouble sleeping	0	1	2	3	4
5. Worrying	0	1	2	3	4

SOCIAL FUNCTIONING (problems with ...)	Never	Almost Never	Some-times	Often	Almost Always
1. Playing with other children	0	1	2	3	4
2. Other children not wanting to play with him or her	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

**Please complete this section if your child attends nursery or day care*

NURSERY/DAY CARE FUNCTIONING (problems with ...)	Never	Almost Never	Some-times	Often	Almost Always
1. Doing the same nursery/day care activities as peers	0	1	2	3	4
2. Missing nursery/day care because of not feeling well	0	1	2	3	4
3. Missing nursery/day care to go to the doctor or hospital	0	1	2	3	4