

Assessment:

Pediatric Quality of Life Inventory

Sample form:

Response Categories:

Never
Almost never
Sometimes
Often
Almost Always

Health and activities

1. It is hard for me to walk more than one block
2. It is hard for me to run
3. It is hard for me to do sports activity or exercise
4. It is hard for me to lift something heavy
5. It is hard for me to take a bath or shower by myself
6. It is hard for me to do chores around the house
7. I hurt or ache
8. I have low energy

About my feelings

1. I feel afraid or scared
2. I feel sad or blue
3. I feel angry
4. I have trouble sleeping
5. I worry about what will happen to me

How I get along with others

1. I have trouble getting along with others
2. Other kids do not want to be my friend
3. Other kids tease me
4. I cannot do things that other kids my age can do
5. It is hard to keep up when I play with other kids

About school

1. It is hard to pay attention in class
2. I forget things
3. I have trouble keeping up with my schoolwork
4. I miss school because of not feeling well
5. I miss school to go to the doctor or hospital