

<b>Comprehensive Sickle Cell Centers</b>	<b>Pediatric Quality of Life Inventory Teen Report (13-18)</b>	
<b>Collaborative Data Project</b>	Date Form Completed: <input type="text" value="QC13:FORMDA"/> / <input type="text" value="QC13:FORMMO"/> / <input type="text" value="QC13:FORMYR"/> DD                      MMM                      YYYY	CSCC ID: {subject.name} Center code: {center.name} Hospital code: {center.hospital.name}

***In the past ONE month, how much of a problem has this been for you...***

<b>About My Health and Activities (problems with...)</b>	Never	Almost Never	Some-times	Often	Almost Always
1. It is hard for me to walk more than one block	<input type="checkbox"/> (QC13:PHYFC1) 0	<input type="checkbox"/> (QC13:PHYFC1) 1	<input type="checkbox"/> (QC13:PHYFC1) 2	<input type="checkbox"/> (QC13:PHYFC1) 3	<input type="checkbox"/> (QC13:PHYFC1) 4
2. It is hard for me to run	<input type="checkbox"/> (QC13:PHYFC2) 0	<input type="checkbox"/> (QC13:PHYFC2) 1	<input type="checkbox"/> (QC13:PHYFC2) 2	<input type="checkbox"/> (QC13:PHYFC2) 3	<input type="checkbox"/> (QC13:PHYFC2) 4
3. It is hard for me to do sports activity or exercise	<input type="checkbox"/> (QC13:PHYFC3) 0	<input type="checkbox"/> (QC13:PHYFC3) 1	<input type="checkbox"/> (QC13:PHYFC3) 2	<input type="checkbox"/> (QC13:PHYFC3) 3	<input type="checkbox"/> (QC13:PHYFC3) 4
4. It is hard for me to lift something heavy	<input type="checkbox"/> (QC13:PHYFC4) 0	<input type="checkbox"/> (QC13:PHYFC4) 1	<input type="checkbox"/> (QC13:PHYFC4) 2	<input type="checkbox"/> (QC13:PHYFC4) 3	<input type="checkbox"/> (QC13:PHYFC4) 4
5. It is hard for me to take a bath or shower by myself	<input type="checkbox"/> (QC13:PHYFC5) 0	<input type="checkbox"/> (QC13:PHYFC5) 1	<input type="checkbox"/> (QC13:PHYFC5) 2	<input type="checkbox"/> (QC13:PHYFC5) 3	<input type="checkbox"/> (QC13:PHYFC5) 4
6. It is hard for me to do chores around the house	<input type="checkbox"/> (QC13:PHYFC6) 0	<input type="checkbox"/> (QC13:PHYFC6) 1	<input type="checkbox"/> (QC13:PHYFC6) 2	<input type="checkbox"/> (QC13:PHYFC6) 3	<input type="checkbox"/> (QC13:PHYFC6) 4
7. I hurt or ache	<input type="checkbox"/> (QC13:PHYFC7) 0	<input type="checkbox"/> (QC13:PHYFC7) 1	<input type="checkbox"/> (QC13:PHYFC7) 2	<input type="checkbox"/> (QC13:PHYFC7) 3	<input type="checkbox"/> (QC13:PHYFC7) 4
8. I have low energy	<input type="checkbox"/> (QC13:PHYFC8) 0	<input type="checkbox"/> (QC13:PHYFC8) 1	<input type="checkbox"/> (QC13:PHYFC8) 2	<input type="checkbox"/> (QC13:PHYFC8) 3	<input type="checkbox"/> (QC13:PHYFC8) 4

<b>About My Feelings (problems with...)</b>	Never	Almost Never	Some-times	Often	Almost Always
1. I feel afraid or scared	<input type="checkbox"/> (QC13:EMOFC1) 0	<input type="checkbox"/> (QC13:EMOFC1) 1	<input type="checkbox"/> (QC13:EMOFC1) 2	<input type="checkbox"/> (QC13:EMOFC1) 3	<input type="checkbox"/> (QC13:EMOFC1) 4
2. I feel sad or blue	<input type="checkbox"/> (QC13:EMOFC2) 0	<input type="checkbox"/> (QC13:EMOFC2) 1	<input type="checkbox"/> (QC13:EMOFC2) 2	<input type="checkbox"/> (QC13:EMOFC2) 3	<input type="checkbox"/> (QC13:EMOFC2) 4
3. I feel angry	<input type="checkbox"/> (QC13:EMOFC3) 0	<input type="checkbox"/> (QC13:EMOFC3) 1	<input type="checkbox"/> (QC13:EMOFC3) 2	<input type="checkbox"/> (QC13:EMOFC3) 3	<input type="checkbox"/> (QC13:EMOFC3) 4
4. I have	<input type="checkbox"/> (QC13:EMOFC4) 0	<input type="checkbox"/> (QC13:EMOFC4) 1	<input type="checkbox"/> (QC13:EMOFC4) 2	<input type="checkbox"/> (QC13:EMOFC4) 3	<input type="checkbox"/> (QC13:EMOFC4) 4

	0	1	2	3	4
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trouble sleeping					
5. I worry about what will happen to me	<input type="checkbox"/> (QC13:EMOFC5) 0	<input type="checkbox"/> (QC13:EMOFC5) 1	<input type="checkbox"/> (QC13:EMOFC5) 2	<input type="checkbox"/> (QC13:EMOFC5) 3	<input type="checkbox"/> (QC13:EMOFC5) 4

**How I Get Along With Others (problems with...)**

Never	Almost Never	Some-times	Often	Almost Always
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1. I have trouble getting along with other teens	<input type="checkbox"/> (QC13:SOCFC1) 0	<input type="checkbox"/> (QC13:SOCFC1) 1	<input type="checkbox"/> (QC13:SOCFC1) 2	<input type="checkbox"/> (QC13:SOCFC1) 3	<input type="checkbox"/> (QC13:SOCFC1) 4
2. Other teens do not want to be my friend	<input type="checkbox"/> (QC13:SOCFC2) 0	<input type="checkbox"/> (QC13:SOCFC2) 1	<input type="checkbox"/> (QC13:SOCFC2) 2	<input type="checkbox"/> (QC13:SOCFC2) 3	<input type="checkbox"/> (QC13:SOCFC2) 4
3. Other teens tease me	<input type="checkbox"/> (QC13:SOCFC3) 0	<input type="checkbox"/> (QC13:SOCFC3) 1	<input type="checkbox"/> (QC13:SOCFC3) 2	<input type="checkbox"/> (QC13:SOCFC3) 3	<input type="checkbox"/> (QC13:SOCFC3) 4
4. I cannot do things that other teens my age can do	<input type="checkbox"/> (QC13:SOCFC4) 0	<input type="checkbox"/> (QC13:SOCFC4) 1	<input type="checkbox"/> (QC13:SOCFC4) 2	<input type="checkbox"/> (QC13:SOCFC4) 3	<input type="checkbox"/> (QC13:SOCFC4) 4
5. It is hard for me to keep up with my peers	<input type="checkbox"/> (QC13:SOCFC5) 0	<input type="checkbox"/> (QC13:SOCFC5) 1	<input type="checkbox"/> (QC13:SOCFC5) 2	<input type="checkbox"/> (QC13:SOCFC5) 3	<input type="checkbox"/> (QC13:SOCFC5) 4

**About School (problems with...)**

Never	Almost Never	Some-times	Often	Almost Always
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1. It is hard to pay attention in class	<input type="checkbox"/> (QC13:SCHFC1) 0	<input type="checkbox"/> (QC13:SCHFC1) 1	<input type="checkbox"/> (QC13:SCHFC1) 2	<input type="checkbox"/> (QC13:SCHFC1) 3	<input type="checkbox"/> (QC13:SCHFC1) 4
2. I forget things	<input type="checkbox"/> (QC13:SCHFC2) 0	<input type="checkbox"/> (QC13:SCHFC2) 1	<input type="checkbox"/> (QC13:SCHFC2) 2	<input type="checkbox"/> (QC13:SCHFC2) 3	<input type="checkbox"/> (QC13:SCHFC2) 4
3. I have trouble keeping up with my schoolwork	<input type="checkbox"/> (QC13:SCHFC3) 0	<input type="checkbox"/> (QC13:SCHFC3) 1	<input type="checkbox"/> (QC13:SCHFC3) 2	<input type="checkbox"/> (QC13:SCHFC3) 3	<input type="checkbox"/> (QC13:SCHFC3) 4
4. I miss school because of not feeling well	<input type="checkbox"/> (QC13:SCHFC4) 0	<input type="checkbox"/> (QC13:SCHFC4) 1	<input type="checkbox"/> (QC13:SCHFC4) 2	<input type="checkbox"/> (QC13:SCHFC4) 3	<input type="checkbox"/> (QC13:SCHFC4) 4
5. I miss school to go to the doctor or hospital	<input type="checkbox"/> (QC13:SCHFC5) 0	<input type="checkbox"/> (QC13:SCHFC5) 1	<input type="checkbox"/> (QC13:SCHFC5) 2	<input type="checkbox"/> (QC13:SCHFC5) 3	<input type="checkbox"/> (QC13:SCHFC5) 4