

<div style="border: 1px solid black; width: 100%; height: 40px; margin-bottom: 5px;"> <span style="color: red; font-size: small;">✖ Logo</span> </div>	<b>Pediatric Quality of Life Inventory Parent Report for Child (12 yrs old)</b>	<b>{visit.label}</b>
Date of Assessment: <input type="text" value="QP12:ASMTDA"/> / <input type="text" value="QP12:ASMTMO"/> / <input type="text" value="QP12:ASMTYR"/> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>DD</span> <span>MMM</span> <span>YYYY</span> </div>	<b>Quality of Life Assessments</b>	<b>ID: {ID}</b>

*In the past **ONE month**, how much of a **problem** has your child had with...*

	Never	Almost Never	Some- times	Often	Almost Always
<b>Physical Functioning (problems with...)</b>					
1. Walking more than one block	<input type="checkbox"/> (QP12:PHYFP1) 0	<input type="checkbox"/> (QP12:PHYFP1) 1	<input type="checkbox"/> (QP12:PHYFP1) 2	<input type="checkbox"/> (QP12:PHYFP1) 3	<input type="checkbox"/> (QP12:PHYFP1) 4
2. Running	<input type="checkbox"/> (QP12:PHYFP2) 0	<input type="checkbox"/> (QP12:PHYFP2) 1	<input type="checkbox"/> (QP12:PHYFP2) 2	<input type="checkbox"/> (QP12:PHYFP2) 3	<input type="checkbox"/> (QP12:PHYFP2) 4
3. Participating in sports activity or exercise	<input type="checkbox"/> (QP12:PHYFP3) 0	<input type="checkbox"/> (QP12:PHYFP3) 1	<input type="checkbox"/> (QP12:PHYFP3) 2	<input type="checkbox"/> (QP12:PHYFP3) 3	<input type="checkbox"/> (QP12:PHYFP3) 4
4. Lifting something heavy	<input type="checkbox"/> (QP12:PHYFP4) 0	<input type="checkbox"/> (QP12:PHYFP4) 1	<input type="checkbox"/> (QP12:PHYFP4) 2	<input type="checkbox"/> (QP12:PHYFP4) 3	<input type="checkbox"/> (QP12:PHYFP4) 4
5. Taking a bath or shower by him or herself	<input type="checkbox"/> (QP12:PHYFP5) 0	<input type="checkbox"/> (QP12:PHYFP5) 1	<input type="checkbox"/> (QP12:PHYFP5) 2	<input type="checkbox"/> (QP12:PHYFP5) 3	<input type="checkbox"/> (QP12:PHYFP5) 4
6. Doing chores, like picking up his or her toys	<input type="checkbox"/> (QP12:PHYFP6) 0	<input type="checkbox"/> (QP12:PHYFP6) 1	<input type="checkbox"/> (QP12:PHYFP6) 2	<input type="checkbox"/> (QP12:PHYFP6) 3	<input type="checkbox"/> (QP12:PHYFP6) 4
7. Having hurts or aches	<input type="checkbox"/> (QP12:PHYFP7) 0	<input type="checkbox"/> (QP12:PHYFP7) 1	<input type="checkbox"/> (QP12:PHYFP7) 2	<input type="checkbox"/> (QP12:PHYFP7) 3	<input type="checkbox"/> (QP12:PHYFP7) 4
8. Low energy level	<input type="checkbox"/> (QP12:PHYFP8) 0	<input type="checkbox"/> (QP12:PHYFP8) 1	<input type="checkbox"/> (QP12:PHYFP8) 2	<input type="checkbox"/> (QP12:PHYFP8) 3	<input type="checkbox"/> (QP12:PHYFP8) 4
<b>Emotional Functioning (problems with...)</b>					
1. Feeling afraid or scared	<input type="checkbox"/> (QP12:EMOFP1) 0	<input type="checkbox"/> (QP12:EMOFP1) 1	<input type="checkbox"/> (QP12:EMOFP1) 2	<input type="checkbox"/> (QP12:EMOFP1) 3	<input type="checkbox"/> (QP12:EMOFP1) 4
2. Feeling sad or blue	<input type="checkbox"/> (QP12:EMOFP2) 0	<input type="checkbox"/> (QP12:EMOFP2) 1	<input type="checkbox"/> (QP12:EMOFP2) 2	<input type="checkbox"/> (QP12:EMOFP2) 3	<input type="checkbox"/> (QP12:EMOFP2) 4

		0	1	2	3	4
3.	Feeling angry	<input type="checkbox"/> (QP12:EMOFP3)	<input type="checkbox"/> (QP12:EMOFP3)	<input type="checkbox"/> (QP12:EMOFP3)	<input type="checkbox"/> (QP12:EMOFP3)	<input type="checkbox"/> (QP12:EMOFP3)
		0	1	2	3	4
4.	Trouble sleeping	<input type="checkbox"/> (QP12:EMOFP4)	<input type="checkbox"/> (QP12:EMOFP4)	<input type="checkbox"/> (QP12:EMOFP4)	<input type="checkbox"/> (QP12:EMOFP4)	<input type="checkbox"/> (QP12:EMOFP4)
		0	1	2	3	4
5.	Worrying about what will happen to him or her	<input type="checkbox"/> (QP12:EMOFP5)	<input type="checkbox"/> (QP12:EMOFP5)	<input type="checkbox"/> (QP12:EMOFP5)	<input type="checkbox"/> (QP12:EMOFP5)	<input type="checkbox"/> (QP12:EMOFP5)
		0	1	2	3	4

**Social Functioning (problems with...)**

		Never	Almost Never	Some-times	Often	Almost Always
1.	Getting along with other children	<input type="checkbox"/> (QP12:SOCFP1)	<input type="checkbox"/> (QP12:SOCFP1)	<input type="checkbox"/> (QP12:SOCFP1)	<input type="checkbox"/> (QP12:SOCFP1)	<input type="checkbox"/> (QP12:SOCFP1)
		0	1	2	3	4
2.	Other kids not wanting to be his or her friend	<input type="checkbox"/> (QP12:SOCFP2)	<input type="checkbox"/> (QP12:SOCFP2)	<input type="checkbox"/> (QP12:SOCFP2)	<input type="checkbox"/> (QP12:SOCFP2)	<input type="checkbox"/> (QP12:SOCFP2)
		0	1	2	3	4
3.	Getting teased by other children	<input type="checkbox"/> (QP12:SOCFP3)	<input type="checkbox"/> (QP12:SOCFP3)	<input type="checkbox"/> (QP12:SOCFP3)	<input type="checkbox"/> (QP12:SOCFP3)	<input type="checkbox"/> (QP12:SOCFP3)
		0	1	2	3	4
4.	Not able to do things that other children his or her age can do	<input type="checkbox"/> (QP12:SOCFP4)	<input type="checkbox"/> (QP12:SOCFP4)	<input type="checkbox"/> (QP12:SOCFP4)	<input type="checkbox"/> (QP12:SOCFP4)	<input type="checkbox"/> (QP12:SOCFP4)
		0	1	2	3	4
5.	Keeping up when playing with other children	<input type="checkbox"/> (QP12:SOCFP5)	<input type="checkbox"/> (QP12:SOCFP5)	<input type="checkbox"/> (QP12:SOCFP5)	<input type="checkbox"/> (QP12:SOCFP5)	<input type="checkbox"/> (QP12:SOCFP5)
		0	1	2	3	4

**School Functioning (problems with...)**

		Never	Almost Never	Some-times	Often	Almost Always
1.	Paying attention in class	<input type="checkbox"/> (QP12:SCHFP1)	<input type="checkbox"/> (QP12:SCHFP1)	<input type="checkbox"/> (QP12:SCHFP1)	<input type="checkbox"/> (QP12:SCHFP1)	<input type="checkbox"/> (QP12:SCHFP1)
		0	1	2	3	4
2.	Forgetting things	<input type="checkbox"/> (QP12:SCHFP2)	<input type="checkbox"/> (QP12:SCHFP2)	<input type="checkbox"/> (QP12:SCHFP2)	<input type="checkbox"/> (QP12:SCHFP2)	<input type="checkbox"/> (QP12:SCHFP2)
		0	1	2	3	4
3.	Keeping up with schoolwork	<input type="checkbox"/> (QP12:SCHFP3)	<input type="checkbox"/> (QP12:SCHFP3)	<input type="checkbox"/> (QP12:SCHFP3)	<input type="checkbox"/> (QP12:SCHFP3)	<input type="checkbox"/> (QP12:SCHFP3)
		0	1	2	3	4
4.	Missing school because of not feeling well	<input type="checkbox"/> (QP12:SCHFP4)	<input type="checkbox"/> (QP12:SCHFP4)	<input type="checkbox"/> (QP12:SCHFP4)	<input type="checkbox"/> (QP12:SCHFP4)	<input type="checkbox"/> (QP12:SCHFP4)
		0	1	2	3	4
5.	Missing school to go to the doctor or hospital	<input type="checkbox"/> (QP12:SCHFP5)	<input type="checkbox"/> (QP12:SCHFP5)	<input type="checkbox"/> (QP12:SCHFP5)	<input type="checkbox"/> (QP12:SCHFP5)	<input type="checkbox"/> (QP12:SCHFP5)
		0	1	2	3	4

Comments for page:

QP12: COMM

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