

Pediatric Profile-25

Please respond to each question or statement by marking one box per row.

<u>Physical Function Mobility</u>						
In the past 7 days...		With no trouble	With a little trouble	With some trouble	With a lot of trouble	Not able to do
235R1r	I could do sports and exercise that other kids my age could do.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
4124R1r	I could get up from the floor	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
2707R2r	I could walk up stairs without holding on to anything.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
5023R1r	I have been physically able to do the activities I enjoy most	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
<u>Anxiety</u>						
In the past 7 days...		Never	Almost Never	Sometimes	Often	Almost Always
2220R2r	I felt like something awful might happen..	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
713R1r	I felt nervous.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
5044R1r	I felt worried.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3459bR1r	I worried when I was at home	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<u>Depressive Symptoms</u>						
In the past 7 days...		Never	Almost Never	Sometimes	Often	Almost Always
5041R1r	I felt everything in my life went wrong.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
711R1r	I felt lonely	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
228R1r	I felt sad.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3952aR2r	It was hard for me to have fun.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<u>Fatigue</u>						
In the past 7 days...		Never	Almost Never	Sometimes	Often	Almost Always
4239aR2r	Being tired made it hard for me to keep up with my schoolwork	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2876R1r	I got tired easily.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Fatigue

In the past 7 days...

	Never	Almost Never	Sometimes	Often	Almost Always
4241R2r I was too tired to do sports or exercise.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

4196R1r I was too tired to enjoy the things I like to do.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
---	-------------------------------	-------------------------------	-------------------------------	-------------------------------	-------------------------------

Peer Relationships

In the past 7 days...

	Never	Almost Never	Sometimes	Often	Almost Always
5018R1r I felt accepted by other kids my age.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

5058R1r I was able to count on my friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
---	-------------------------------	-------------------------------	-------------------------------	-------------------------------	-------------------------------

5055R1r My friends and I helped each other out.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
---	-------------------------------	-------------------------------	-------------------------------	-------------------------------	-------------------------------

233R2r Other kids wanted to be my friend	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
--	-------------------------------	-------------------------------	-------------------------------	-------------------------------	-------------------------------

Pain Interference

In the past 7 days...

	Never	Almost Never	Sometimes	Often	Almost Always
3793R1r I had trouble sleeping when I had pain.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

9004r It was hard for me to pay attention when I had pain	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
---	-------------------------------	-------------------------------	-------------------------------	-------------------------------	-------------------------------

2045R1r It was hard for me to run when I had pain	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
---	-------------------------------	-------------------------------	-------------------------------	-------------------------------	-------------------------------

2049R1r It was hard for me to walk one block when I had pain	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
--	-------------------------------	-------------------------------	-------------------------------	-------------------------------	-------------------------------

Pain Intensity

In the past 7 days...

9033R1r How bad was your pain on average? ...	<input type="checkbox"/>										
	0	1	2	3	4	5	6	7	8	9	10
	No pain										Worst pain you can think of