

ID# \_\_\_\_\_

Date: \_\_\_\_\_

# PedsQL<sup>TM</sup>

## Cardiac Module

Version 3.0

### PARENT REPORT for TEENS (ages 13-18)

#### DIRECTIONS

Teens with heart conditions sometimes have special problems. On the following page is a list of things that might be a problem for **your teen**. Please tell us **how much of a problem** each one has been for **your teen** during the **past ONE 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 **ONE month**, how much of a **problem** has your teen had with ...

<b>HEART PROBLEMS AND TREATMENT</b> <i>(problems with...)</i>	Never	Almost Never	Some-times	Often	Almost Always
1. Getting out of breath while doing sports activity or exercise	0	1	2	3	4
2. Chest pain or tightness while doing sports activity or exercise	0	1	2	3	4
3. Catching colds easily	0	1	2	3	4
4. Fast heartbeat	0	1	2	3	4
5. His/her lips turning blue when running	0	1	2	3	4
6. Waking up at night with trouble breathing	0	1	2	3	4
7. Having to rest more than his/her friends	0	1	2	3	4

If your child is currently taking heart medicine, please answer the following...  
Otherwise, please skip to "Perceived Physical Appearance".

<b>TREATMENT II</b> <i>(problems with...)</i>	Never	Almost Never	Some-times	Often	Almost Always
1. Refusing to take heart medicine	0	1	2	3	4
2. Difficulty taking heart medicine	0	1	2	3	4
3. Forgetting to take heart medicine	0	1	2	3	4
4. Heart medicine making him/her feel sick	0	1	2	3	4
5. Worrying about side effects from his/her medicine	0	1	2	3	4

<b>PERCEIVED PHYSICAL APPEARANCE</b> <i>(problems with...)</i>	Never	Almost Never	Some-times	Often	Almost Always
1. Feeling that he/she is not good looking	0	1	2	3	4
2. Not liking other people to see his/her scars	0	1	2	3	4
3. Being embarrassed about others seeing his/her body	0	1	2	3	4

<b>TREATMENT ANXIETY</b> <i>(problems with...)</i>	Never	Almost Never	Some-times	Often	Almost Always
1. Getting anxious when waiting to see the doctor	0	1	2	3	4
2. Getting anxious about going to the doctor	0	1	2	3	4
3. Getting anxious about going to the hospital	0	1	2	3	4
4. Getting anxious when he/she has to have medical treatments	0	1	2	3	4

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

<b>COGNITIVE PROBLEMS (problems with...)</b>	<b>Never</b>	<b>Almost Never</b>	<b>Some-times</b>	<b>Often</b>	<b>Almost Always</b>
1. Figuring out what to do when something bothers him/her	0	1	2	3	4
2. Trouble solving math problems	0	1	2	3	4
3. Trouble writing school papers or reports	0	1	2	3	4
4. Difficulty paying attention to things	0	1	2	3	4
5. Remembering what he/she reads	0	1	2	3	4

<b>COMMUNICATION (problems with...)</b>	<b>Never</b>	<b>Almost Never</b>	<b>Some-times</b>	<b>Often</b>	<b>Almost Always</b>
1. Telling the doctors and nurses how he/she feels	0	1	2	3	4
2. Asking the doctors or nurses questions	0	1	2	3	4
3. Explaining his/her heart problem to other people	0	1	2	3	4