



**To be completed by/for children aged 8-17 yrs**

Directions: Please fill in marks like this:  Not like this:

**Physical Function - Mobility**

In the past 7 days...	With No Trouble	With a little trouble	With some trouble	With a lot of trouble	Not able to do so
1. I could do sports and exercise that other kids my age could do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I could get up from the floor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I could walk upstairs without holding on to anything	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I have been physically able to do the activities I enjoy most	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Anxiety**

In the past 7 days...	Never	Almost Never	Some times	Often	Almost Always
1. I felt like something awful might happen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I felt nervous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I felt worried	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I was afraid that I would make mistakes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Depressive Symptoms**

In the past 7 days...	Never	Almost Never	Some times	Often	Almost Always
1. I felt everything in my life went wrong	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I felt lonely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I felt sad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I thought that my life was bad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



### Fatigue

In the past 7 days...	Never	Almost Never	Some times	Often	Almost Always
1. Being tired made it hard to keep up with my schoolwork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I got tired easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I was too tired to do sports or exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I was too tired to enjoy the things I like to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Peer Relationships

In the past 7 days...	Never	Almost Never	Some times	Often	Almost Always
1. I felt accepted by other kids my age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I was able to count on my friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. My friends and I helped each other out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Other kids wanted to be my friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Pain Interference

In the past 7 days...	Never	Almost Never	Some times	Often	Almost Always
1. I had trouble sleeping when I had pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. It was hard for me to pay attention when I had pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. It was hard for me to run when I had pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. It was hard for me to walk one block when I had pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Pain Intensity

<b>In the past 7 days...</b>		No Pain								Worst pain you can imagine	
How bad was your pain on average?	(0)	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)

Signature: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

Date/Time: \_\_\_\_\_ Interpreter (as applicable): \_\_\_\_\_