Pediatric Profile – 49

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

	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**
235R1r	I could do sports and exercise that other kids my age could do.....	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
4124R1r	I could get up from the floor	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
2707R2r	I could walk up stairs without holding on to anything.....	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
5023R1r	I have been physically able to do the activities I enjoy most	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
236R1r	I could keep up when I played with other kids	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
4185R1r	I could stand up on my tiptoes	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
3892R1r	I could move my legs	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
2646R1r	I could stand up by myself	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
	Anxiety **In the past 7 days...**	**Never**	**Almost Never**	**Sometimes**	**Often**	**Almost Always**
2220R2r	I felt like something awful might happen...	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
713R1r	I felt nervous.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
5044R1r	I felt worried.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
2230R1r	I got scared really easy	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
227bR1r	I felt scared	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
3150bR2r	I worried when I went to bed at night	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
3459bR1r	I worried when I was at home	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
231R1r	I worried about what could happen to me ..	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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	Depressive Symptoms **In the past 7 days…**	**Never**	**Almost Never**	**Sometimes**	**Often**	**Almost Always**
5041R1r	I felt everything in my life went wrong.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
711R1r	I felt lonely	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
228R1r	I felt sad.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
3952aR2r	It was hard for me to have fun.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
488R1r	I could not stop feeling sad	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
5035R1r	I felt like I couldn't do anything right.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
461R1r	I felt alone.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
712R1r	I felt unhappy	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

	Fatigue **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	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
2876R1r	I got tired easily.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
4241R2r	I was too tired to do sports or exercise.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
4196R1r	I was too tired to enjoy the things I like to do.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
4213R1r	I felt weak.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
4221R1r	I had trouble finishing things because I was too tired	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
4220R1r	I had trouble starting things because I was too tired	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
4210R2r	I was so tired it was hard for me to pay attention.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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	Peer Relationships **In the past 7 days…**	**Never**	**Almost Never**	**Sometimes**	**Often**	**Almost Always**
5018R1r	I felt accepted by other kids my age.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
5058R1r	I was able to count on my friends	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
5055R1r	My friends and I helped each other out	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
233R2r	Other kids wanted to be my friend	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
1147R1r	I was good at making friends	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
210R1r	Other kids wanted to be with me.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
5056R1r	I was able to talk about everything with my friends.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
9020R1r	Other kids wanted to talk to me	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

	Pain Interference **In the past 7 days…**	**Never**	**Almost Never**	**Sometimes**	**Often**	**Almost Always**
3793R1r	I had trouble sleeping when I had pain.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
9004r	It was hard for me to pay attention when I had pain	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
2045R1r	It was hard for me to run when I had pain	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
2049R1r	It was hard for me to walk one block when I had pain	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
1703R1r	It was hard to have fun when I had pain.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
2180R1r	It was hard to stay standing when I had pain ..	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
1698bR1r	I felt angry when I had pain	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
2035R1r	I had trouble doing schoolwork when I had pain	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Pain Intensity
In the past 7 days…

9033R1	How bad was your pain on average?....	☐ 0 **No pain**	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☐ 9	☐ 10 **Worst pain you can think of**

Last Updated: 23 Sept 2016

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