

Post-acute COVID Questionnaire

Thank you for participating in our study to better understand long term outcomes in children and families affected by COVID-19. Please answer each question on behalf of your child. Once you 'Submit' a form you cannot return to it.

This section is required

Progress: 0%

Study ID _____

Child's current age?

- 1-12 months
- 13-24 months
- 2-4 years
- 5-7 years
- 8-12 years
- 13-18 years

Consent

Please complete the survey below.

Thank you!

3) Do you consent?

Yes

No

(Just testing consent conditional)

Symptoms

This section is required
Progress: 15%

For each of the symptoms listed below, please answer whether your child had any new or continuing symptoms after the hospitalization that included a COVID-19 or MIS-C diagnosis. You can type in other symptoms at the bottom of this section.

	Yes, new symptom that started after hospital discharge	Yes, symptom occurred in the hospital and continued after discharge	No	Unsure
Headache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Loss of smell	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Loss of taste	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vision problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lightheadedness or fainting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seizures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Numbness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weakness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shooting or burning pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tingling sensations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muscle aches or pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dizziness (room is spinning)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Balance problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delirium or confusion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble with remembering things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thinking or concentration problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sad or depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fever	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fatigue or tiredness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Loss of appetite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diarrhea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Throat Pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abdominal Pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Swollen glands	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vomiting or nausea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Joint pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Palpitations (rapid heartbeat, skipping heartbeats)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble breathing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speaking or communicating problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Swallowing or chewing problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other symptom #1, please describe

New or Continuing symptom #1?

- New
- Continuing

Other symptom #2, please describe

New or Continuing symptom #2?

- New
- Continuing

Other symptom #3, please describe

New or Continuing symptom #3?

- New
- Continuing

Please check which symptom, if any, has had the most negative impact on your child's health and functioning after hospital discharge

- Headache
- Loss of smell
- Loss of taste
- Vision problems
- Lightheadedness or fainting
- Seizures
- Numbness
- Weakness
- Shooting or burning pain
- Tingling sensations
- Muscle aches or pain
- Dizziness (room is spinning)
- Balance problems
- Delirium or confusion
- Trouble with remembering things
- Thinking or concentration problems
- Sad or depressed
- Anxious
- Fever
- Cough
- Fatigue or tiredness
- Loss of appetite
- Diarrhea
- Throat Pain
- Abdominal Pain
- Swollen glands
- Vomiting or nausea
- Joint pain
- Sleep problems
- Palpitations (rapid heartbeat, skipping heartbeats)
- Trouble breathing
- Speaking or communicating problem
- Swallowing or chewing problem
- Other symptom #1
- Other symptom #2
- Other symptom #3
- None

Healthcare Utilization

The questions below relate to therapies and emergency and hospital readmissions your child experienced since the hospitalization that included COVID-19/MIS-C diagnosis.

This section is required

Progress: 35%

Since your child's recent hospitalization that included a COVID-19/MIS-C diagnosis, has your child been evaluated in an emergency department? Yes No

How many total emergency visits did your child have since that hospitalization? _____

Approximately how many weeks or months after hospital discharge did the first emergency department visit occur? 0-2 weeks
 2-4 weeks
 1-3months
 3-6months
 >6 months

What was the reason he or she needed to be evaluated in the first emergency department visit after discharge from the hospital? _____

What was your child diagnosed with in the emergency department the first time he or she visited? _____

What was your child's disposition during this emergency department the first time he or she visited? Home with you
 Hospital intensive care unit
 Hospital ward
 Long term care facility
 Other

Other _____

Approximately how many weeks or months after hospital discharge did the most recent emergency department visit occur? 0-2 weeks
 2-4 weeks
 1-3months
 3-6months
 >6 months

What was the reason he or she needed to be evaluated in the emergency department the most recent time he or she visited? _____

What was your child diagnosed with in the emergency department the most recent time he or she visited? _____

What was your child's disposition during this emergency department the most recent time he or she visited?

- Home with you
 Hospital intensive care unit
 Hospital ward
 Long term care facility
 Other

Other

Since your child's recent hospitalization that included a COVID-19/MIS-C diagnosis, has your child stayed overnight in a hospital?

- Yes No

How many total hospital re-admissions did your child have?

Approximately how many weeks or months after hospital discharge did the first hospital readmission occur?

- 0-2 weeks
 2-4 weeks
 1-3months
 3-6months
 >6 months

What was your child diagnosed with during this hospitalization?

Was your child ever admitted to an intensive care unit during this visit?

- Yes No

What was your child's disposition during this hospital admission?

- Home with you
 Inpatient rehabilitation
 Long term care facility
 Other

Other

Approximately how many weeks or months after hospital discharge did the most recent hospital readmission occur?

- 0-2 weeks
 2-4 weeks
 1-3months
 3-6months
 >6 months

What was your child diagnosed with during this hospitalization?

Was your child ever admitted to an intensive care unit during this visit?

- Yes No

What was your child's disposition during this hospital admission?

- Home with you
 Hospital intensive care unit
 Hospital ward
 Long term care facility
 Other

Other

After discharge from the hospital where your child was positive for COVID-19 or MIS-C, did your child receive care from any of the following health experts and/or clinics:

Physical therapy provider Yes No

Occupational therapy provider Yes No

Speech and Language therapy provider Yes No

Primary care provider Yes No

Behavioral Health/Psychiatry/Psychology specialist Yes No

Neuropsychologist Yes No

Neurology specialist Yes No

Rehabilitation specialist Yes No

Pulmonary (lung) specialist Yes No

Cardiology (heart) specialist Yes No

Post-Intensive Care clinic Yes No

Post-COVID clinic Yes No

Other health service expert or clinic: Yes No

Please specify

Medications

This section is optional

Progress: 40%

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82) Is your child taking any new medications after discharge from the hospitalization from COVID-19 for any of the following treatment reasons (by category)?

- Seizures
- Pain
- Anxiety
- Depression
- Drug withdrawal
- Heart problems
- Lung problems
- Antibiotics
- Steroids
- Other psychiatric medications (e.g., mood stabilizers, antipsychotics)
- Postural orthostatic tachycardia syndrome (POTS)

83) Other medications

Participation

This section is required

Progress: 45%

Do you feel your child has fully recovered from his or her COVID-19 or MIS-C related illness?

- Yes
- No
- Unsure

Has your child returned to school since being discharged from the hospital in which he or she had COVID-19 or MIS-C related illness?

- Yes in person
- Yes from home
- Yes mixed
- Not in school prior to COVID
- No
- Not enrolled in school

If yes (returned to school), is your child receiving any special education services or accommodations? This means any added services that help your child learn and are provided by the school.

- Yes
- No

Was your child receiving special educational services or resources (for example a 504 plan or Individualized Education Plan) when attending school prior to developing COVID-19 or MIS-C?

- Yes
- No

Does your child have any new problems since the hospital admission that are not being treated or managed?

- Yes
- No

If yes, please describe the problem(s) and the reason(s) your child's new problem is not being addressed.

Please tell us about any other ways your child's hospitalization for COVID-19 or MISC-C has impacted your life.

Functional Status Scale measure

Please answer the questions below about your child's function in 6 domains.

This section is required

Progress: 55%

Please choose the answer that best describes your child's mental status or alertness at baseline.

- Normal sleep/wake periods; appropriate responsiveness.
- Sleepy but arousable to noise/touch/movement and/or periods of social nonresponsiveness.
- Lethargic and/or irritable.
- Minimal arousal to stimuli (stupor).
- Unresponsive, coma, and/or vegetative state.

Please choose the answer that best describes your child's sensory functioning status (e.g., hearing, vision, response to touch).

- Intact hearing and vision and responsive to touch.
- Suspected hearing or vision loss.
- Not reactive to auditory stimuli 'or' to visual stimuli.
- Not reactive to auditory stimuli 'and' to visual stimuli
- Abnormal responses to pain or touch.

Please choose the answer that best describes your child's communication status.

- Appropriate noncrying vocalization, interactive facial expressiveness, or gestures.
- Diminished vocalization, facial expression, and/or social responsiveness.
- Absence of attention getting behavior.
- No demonstration of discomfort.
- Absence of communication.

Please choose the answer that best describes your child's physical functioning status.

- Coordinated body movements, normal muscle control, and awareness of action and reason.
- One limb functionally impaired.
- Two limbs functionally impaired.
- Poor head control.
- Diffuse spasticity, paralysis, or decerebrate/decorticate posturing.

Please choose the answer that best describes your child's feeding status.

- All food taken by mouth with age-appropriate help.
- Nothing by mouth or need for age-appropriate help with feeding.
- Oral and tube feedings.
- Parenteral nutrition with oral or tube feedings.
- All parenteral nutrition.

Please choose the answer that best describes your child's respiratory (breathing) status.

- Room air and no artificial support or aids.
- Oxygen/treatment and/or suctioning.
- Tracheostomy.
- Continuous positive airway pressure treatment for all or part of the day and/ or mechanical ventilator support for part of the day.
- Mechanical ventilator support for all of the day and night.

Functional Status Scale (FSS) Total _____

Pediatric Quality of Life Inventory™ (PedsQL™) Parent Report 1-12 Months

This section is required
Progress: 70%

DIRECTIONS

On the following page is a list of things that might be a problem for your child. Please tell us how much of a problem each one has been for your child during the past ONE month by choosing:

- 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.

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

PHYSICAL FUNCTIONING (problems with...)

	Never0	Almost Never1	Sometimes2	Often3	Almost Always4
98) 1. Low energy level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
99) 2. Difficulty participating in active play	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
100) 3. Having hurts or aches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
101) 4. Feeling tired	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
102) 5. Being lethargic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
103) 6. Resting a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

104) Scaled Score

PHYSICAL SYMPTOMS (problems with...)

	Never0	Almost Never1	Sometimes2	Often3	Almost Always4
105) 1. Having gas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
106) 2. Spitting up after eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
107) 3. Difficulty breathing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
108) 4. Being sick to his/her stomach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
109) 5. Difficulty swallowing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
110) 6. Being constipated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
111) 7. Having a rash	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
112) 8. Having diarrhea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
113) 9. Wheezing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
114) 10. Vomiting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

 115) Scaled Score _____
EMOTIONAL FUNCTIONING (problems with...)

	Never0	Almost Never1	Sometimes2	Often3	Almost Always4
116) 1. Feeling afraid or scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
117) 2. Feeling angry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
118) 3. Crying or fussing when left alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
119) 4. Difficulty soothing himself/herself when upset	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
120) 5. Difficulty falling asleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
121) 6. Crying or fussing while being cuddled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
122) 7. Feeling sad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
123) 8. Difficulty being soothed when picked up or held	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
124) 9. Difficulty sleeping mostly through the night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
125) 10. Crying a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
126) 11. Feeling cranky	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
127) 12. Difficulty taking naps during the day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

 128) Scaled Score _____

Social Functioning (problems with.....)

	Never0	Almost Never1	Sometimes2	Often3	Almost Always4
129) 1. Not smiling at others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
130) 2. Not laughing when tickled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
131) 3. Not making eye contact with a caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
132) 4. Not laughing when cuddled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

133) Scaled Score

COGNITIVE FUNCTIONING (problems with...)

	Never0	Almost Never1	Sometimes2	Often3	Almost Always4
134) 1. Not imitating caregivers' actions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
135) 2. Not imitating caregivers' facial expressions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
136) 3. Not imitating caregivers' sounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
137) 4. Not able to fix his/her attention on objects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

138) Scaled Score

139) Physical Health

140) Psychosocial

141) Total Scale

Pediatric Quality of Life Inventory™ (PedsQL™) Parent Report 13-24 Months

This section is required
Progress: 70%

DIRECTIONS

On the following page is a list of things that might be a problem for your child. Please tell us how much of a problem each one has been for your child during the past ONE month by choosing:

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.

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

PHYSICAL FUNCTIONING (problems with...)

	Never0	Almost Never1	Sometimes2	Often3	Almost Always4
142) 1. Low energy level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
143) 2. Difficulty participating in active play	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
144) 3. Having hurts or aches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
145) 4. Feeling tired	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
146) 5. Being lethargic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
147) 6. Resting a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
148) 7. Feeling too tired to play	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
149) 8. Difficulty walking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
150) 9. Difficulty running a short distance without falling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

151) Scaled Score _____

PHYSICAL SYMPTOMS (problems with...)

	Never ⁰	Almost Never ¹	Sometimes ²	Often ³	Almost Always ⁴
152) 1. Having gas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
153) 2. Spitting up after eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
154) 3. Difficulty breathing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
155) 4. Being sick to his/her stomach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
156) 5. Difficulty swallowing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
157) 6. Being constipated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
158) 7. Having a rash	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
159) 8. Having diarrhea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
160) 9. Wheezing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
161) 10. Vomiting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

 162) Scaled Score _____
EMOTIONAL FUNCTIONING (problems with...)

	Never ⁰	Almost Never ¹	Sometimes ²	Often ³	Almost Always ⁴
163) 1. Feeling afraid or scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
164) 2. Feeling angry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
165) 3. Crying or fussing when left alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
166) 4. Difficulty soothing himself/herself when upset	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
167) 5. Difficulty falling asleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
168) 6. Crying or fussing while being cuddled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
169) 7. Feeling sad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
170) 8. Difficulty being soothed when picked up or held	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
171) 9. Difficulty sleeping mostly through the night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
172) 10. Crying a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
173) 11. Feeling cranky	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
174) 12. Difficulty taking naps during the day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

 175) Scaled Score _____

SOCIAL FUNCTIONING (problems with.....)

	Never0	Almost Never1	Sometimes2	Often3	Almost Always4
176) 1. Not smiling at others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
177) 2. Not laughing when tickled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
178) 3. Not making eye contact with a caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
179) 4. Not laughing when cuddled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
180) 5. Being uncomfortable around other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

181) Scaled Score

COGNITIVE FUNCTIONING (problems with...)

	Never0	Almost Never1	Sometimes2	Often3	Almost Always4
182) 1. Not imitating caregivers' actions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
183) 2. Not imitating caregivers' facial expressions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
184) 3. Not imitating caregivers' sounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
185) 4. Not able to fix his/her attention on objects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
186) 5. Not imitating caregivers' speech	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
187) 6. Difficulty pointing to his/her body parts when asked	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
188) 7. Difficulty naming familiar objects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
189) 8. Difficulty repeating words	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
190) 9. Difficulty keeping his/her attention on things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

191) Scaled Score

192) Physical Health

193) Psychosocial

194) Total Scale

Pediatric Quality of Life Inventory™ (PedsQL™) Parent Report 2-4 years

This section is required
Progress: 70%

On this page, there is a list of things that might be a problem for your child. Please tell us how much of a problem each one has been for your child during the past ONE month by checking:

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 child had with...

Physical Functioning (problems with...)

	Never0	Almost Never1	Sometimes2	Often3	Almost Always4
195) 1. Walking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
196) 2. Running	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
197) 3. Participating in active play or exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
198) 4. Lifting something heavy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
199) 5. Bathing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
200) 6. Helping to pick up his or her toys	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
201) 7. Having hurts or aches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
202) 8. Low energy level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

203) Scaled Score

Emotional Functioning (problems with?)

	Never0	Almost Never1	Sometimes2	Often3	Almost Always4
204) 1. Feeling afraid or scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
205) 2. Feeling sad or blue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
206) 3. Feeling angry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
207) 4. Trouble sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
208) 5. Worrying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

209) Scaled Score _____

Social Functioning (problems with)

	Never0	Almost Never1	Sometimes2	Often3	Almost Always4
210) 1. Playing with other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
211) 2. Other kids not wanting to play with him or her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
212) 3. Getting teased by other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
213) 4. Not able to do things that other children his or her age can do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
214) 5. Keeping up when playing with other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

215) Scaled Score _____

School Functioning (problems with)

	Never0	Almost Never1	Sometimes2	Often3	Almost Always4	N/A, Child does not attend school or daycare-1
216) 1. Doing the same school activities as peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
217) 2. Missing school/daycare because of not feeling well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
218) 3. Missing school/daycare to go to the doctor or hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

219) Scaled Score _____

Cognitive Fatigue

	Never ⁰	Almost Never ¹	Sometimes ²	Often ³	Almost Always ⁴
220) Difficulty keeping his/her attention on things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
221) Difficulty remembering what people tell him/her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
222) Difficulty remembering what he/she just heard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
223) Difficulty thinking quickly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
224) Trouble remembering what he/she was just thinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
225) Trouble remembering more than one thing at a time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

226) Scaled Score

227) Psychosocial

228) Total Scale

Pediatric Quality of Life Inventory™ (PedsQL™) Parent Report 5-7 years

This section is required
Progress: 70%

DIRECTIONS

On the following page is a list of things that might be a problem for your child. Please tell us how much of a problem each one has been for your child during the past ONE month by choosing:

- 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 child had with...

Physical Functioning (problems with...)

	Never0	Almost Never1	Sometimes2	Often3	Almost Always4
229) 1. Walking more than one block	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
230) 2. Running	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
231) 3. Participating in sports activity or exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
232) 4. Lifting something heavy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
233) 5. Taking a bath or shower by him or herself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
234) 6. Doing chores, like picking up his or her toys	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
235) 7. Having hurts or aches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
236) 8. Low energy level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

237) Scaled Score

Emotional Functioning (problems with....)

	Never0	Almost Never1	Sometimes2	Often3	Almost Always4
238) 1. Feeling afraid or scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
239) 2. Feeling sad or blue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
240) 3. Feeling angry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
241) 4. Trouble sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
242) 5. Worrying about what will happen to him or her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

243) Scaled Score _____

Social Functioning (problems with....)

	Never0	Almost Never1	Sometimes2	Often3	Almost Always4
244) 1. Getting along with other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
245) 2. Other kids not wanting to be his or her friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
246) 3. Getting teased by other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
247) 4. Not able to do things that other children his or her age can do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
248) 5. Keeping up when playing with other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

249) Scaled Score _____

School Functioning (problems with....)

	Never0	Almost Never1	Sometimes2	Often3	Almost Always4	N/A, Child does not attend school or daycare-1
250) 1. Paying attention in class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
251) 2. Forgetting things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
252) 3. Keeping up with school activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
253) 4. Missing school because of not feeling well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
254) 5. Missing school to go to the doctor or hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

255) Scaled Score _____

Cognitive Fatigue (Problems with)

	Never ⁰	Almost Never ¹	Sometimes ²	Often ³	Almost Always ⁴
256) Difficulty keeping his/her attention on things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
257) Difficulty remembering what people tell him/her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
258) Difficulty remembering what he/she just heard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
259) Difficulty thinking quickly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
260) Trouble remembering what he/she was just thinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
261) Trouble remembering more than one thing at a time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

262) Scaled Score

263) Psychosocial

264) Total Scale

Pediatric Quality of Life Inventory™ (PedsQL™) Parent Report 8-12 years

This section is required
Progress: 70%

DIRECTIONS

On the following page is a list of things that might be a problem for your child. Please tell us how much of a problem each one has been for your child during the past ONE month by choosing:

- 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 child had with ...

PHYSICAL FUNCTIONING (problems with...)

	Never0	Almost Never1	Sometimes2	Often3	Almost Always4
265) 1. Walking more than one block	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
266) 2. Running	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
267) 3. Participating in sports activity or exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
268) 4. Lifting something heavy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
269) 5. Taking a bath or shower by him or herself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
270) 6. Doing chores around the house	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
271) 7. Having hurts or aches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
272) 8. Low energy level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

273) Scaled Score

EMOTIONAL FUNCTIONING (problems with...)

	Never0	Almost Never1	Sometimes2	Often3	Almost Always4
274) 1. Feeling afraid or scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
275) 2. Feeling sad or blue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
276) 3. Feeling angry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
277) 4. Trouble sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
278) 5. Worrying about what will happen to him or her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

 279) Scaled Score _____
SOCIAL FUNCTIONING (problems with...)

	Never0	Almost Never1	Sometimes2	Often3	Almost Always4
280) 1. Getting along with other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
281) 2. Other kids not wanting to be his or her friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
282) 3. Getting teased by other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
283) 4. Not able to do things that other children his or her age can do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
284) 5. Keeping up when playing with other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

 285) Scaled Score _____
SCHOOL FUNCTIONING (problems with...)

	Never0	Almost Never1	Sometimes2	Often3	Almost Always4
286) 1. Paying attention in class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
287) 2. Forgetting things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
288) 3. Keeping up with schoolwork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
289) 4. Missing school because of not feeling well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
290) 5. Missing school to go to the doctor or hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

 291) Scaled Score _____

Cognitive Fatigue (problems with...)

	Never ⁰	Almost Never ¹	Sometimes ²	Often ³	Almost Always ⁴
292) Difficulty keeping his/her attention on things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
293) Difficulty remembering what people tell him/her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
294) Difficulty remembering what he/she just heard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
295) Difficulty thinking quickly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
296) Trouble remembering what he/she was just thinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
297) Trouble remembering more than one thing at a time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

298) Scaled Score

299) Psychosocial

300) Total Scale

Pediatric Quality of Life Inventory™ (PedsQL™) Parent Report 13-18 years

This section is required
Progress: 70%

DIRECTIONS

On this page, there 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 checking:

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.

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

Physical Functioning (problems with...)

	Never0	Almost Never1	Sometimes2	Often3	Almost Always4
301) 1. Walking more than one block	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
302) 2. Running	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
303) 3. Participating in sports activity or exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
304) 4. Lifting something heavy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
305) 5. Taking a bath or shower by him or herself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
306) 6. Doing chores around the house	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
307) 7. Having hurts or aches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
308) 8. Low energy level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

309) Scaled Score

Emotional Functioning (problems with)

	Never0	Almost Never1	Sometimes2	Often3	Almost Always4
310) 1. Feeling afraid or scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
311) 2. Feeling sad or blue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
312) 3. Feeling angry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
313) 4. Trouble sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
314) 5. Worrying about what will happen to him or her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

315) Scaled Score _____

Social Functioning (problems with)

	Never0	Almost Never1	Sometimes2	Often3	Almost Always4
316) 1. Getting along with other teens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
317) 2. Other teens do not want to be his or her friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
318) 3. Getting teased by other teens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
319) 4. Not able to do things that other teens his or her age can do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
320) 5. Keeping up with other teens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

321) Scaled Score _____

School Functioning (problems with)

	Never0	Almost Never1	Sometimes2	Often3	Almost Always4
322) 1. Paying attention in class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
323) 2. Forgetting things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
324) 3. Keeping up with schoolwork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
325) 4. Missing school because of not feeling well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
326) 5. Missing school to go to the doctor or hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

327) Scaled Score _____

Cognitive Fatigue (Problems with....)

	Never0	Almost Never1	Sometimes2	Often3	Almost Always4
328) Difficulty keeping his/her attention on things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
329) Difficulty remembering what people tell him/her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
330) Difficulty remembering what he/she just heard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
331) Difficulty thinking quickly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
332) Trouble remembering what he/she was just thinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
333) Trouble remembering more than one thing at a time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

334) Scaled Score

335) Psychosocial

336) Total Scale

PROMIS Global Health 7 + 2 Survey, Parent/Proxy

Please complete the survey below.

Thank you!

This section is required
Progress: 75%

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

	Excellent	Very Good	Good	Fair	Poor
337) In general, would you say your child's health is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
338) In general, would you say your child's quality of life is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
339) In general, how would you rate your child's physical health?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
340) In general, how would you rate your child's mental health, including mood and ability to think?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Never	Rarely	Sometimes	Often	Always
341) In general, would you say your child's health is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Always	Often	Sometimes	Rarely	Never
342) How often does your child have fun with friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
343) How often does your child feel that you listen to his or her ideas?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the past 7 days...

	Never	Almost Never	Sometimes	Often	Almost Always
344) My child got tired easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
345) My child had trouble sleeping when he/she had pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

346) Total (global 7 questions)

347) PROMIS Total:

Promis Young Child

This section is required
Progress: 75%

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

	Excellent	Very Good	Good	Fair	Poor
348) In general, would you say your child's health is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
349) In general, would you say your child's quality of life is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
350) In general, how would you rate your child's physical health?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
351) In general, how would you rate your child's mental health?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
352) How would you rate your child's mood?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
353) How would you rate your child's social skills?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
354) How would you rate your child's ability to think?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
355) How well is your child meeting developmental milestones?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Pediatric Cerebral Performance Category (PCPC) Scale

This section is optional
Progress: 78%

Please choose the category that best fits your child's functional status today.

- At age-appropriate level; if school-age child attending regular school classroom
- Conscious, alert, and able to interact at age-appropriate level; if school-age child attending regular school classroom, but grade perhaps not appropriate for age
- Conscious; sufficient cerebral function for age-appropriate independent activities of daily life; if schoolage child attending special education classroom and/or learning deficit present
- Conscious; dependent on others for daily support because of impaired brain function
- Any degree of coma, no interaction with environment

PedsQL™ Family Impact Module Version 2.0 survey

This section is required
Progress: 90%

Families of children sometimes have special concerns or difficulties because of the child's health. Below is a list of things that might be a problem for you. Please tell us how much of a problem each one has been for YOU during the past ONE month.

Physical

	Never	Almost Never	Sometimes	Often	Almost Always
357) Feel tired during the day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
358) Feel tired when I wake up in the morning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
359) Feel too tired to do the things I like to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
360) Get headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
361) Feel physically weak	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
362) Feel sick to my stomach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

363) Physical Score

Emotional

	Never	Almost Never	Sometimes	Often	Almost Always
364) Feel anxious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
365) Feel sad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
366) Feel angry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
367) Feel frustrated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
368) Feel helpless or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

369) Emotional Score

Social

	Never	Almost Never	Sometimes	Often	Almost Always
370) Feel isolated from others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
371) Have trouble getting support from others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
372) Hard to find time for social activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

373)

Do not have enough energy for social activities

374) Social Score

Cognitive

	Never	Almost Never	Sometimes	Often	Almost Always
375) It is hard for me to keep my attention on things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
376) It is hard for me to remember what people tell me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
377) It is hard for me to remember what I just heard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
378) It is hard for me to think quickly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
379) I have trouble remembering what I was just thinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

380) Cognitive Score

Communication

	Never	Almost Never	Sometimes	Often	Almost Always
381) I feel that others do not understand my family's situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
382) It is hard for me to talk about my child's health with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
383) It is hard for me to tell doctors and nurses how I feel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

384) Communication Score

Worry

	Never	Almost Never	Sometimes	Often	Almost Always
385) I worry about whether or not my child's medical treatments are working	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
386) I worry about the side effects of my child's medications/medical treatments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
387) I worry about how others will react to my child's condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

388)

I worry about how my child's illness is affecting other family members

389) I worry about my child's future

390) Worry Score _____

Daily Activities

	Never	Almost Never	Sometimes	Often	Almost Always
391) Family activities taking more time and effort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
392) Difficulty finding time to finish household tasks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
393) Feeling too tired to finish household tasks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

394) Daily Activities Score _____

Family Relationships

	Never	Almost Never	Sometimes	Often	Almost Always
395) Lack of communication between family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
396) Conflicts between family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
397) Difficulty making decisions together as a family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
398) Difficulty solving family problems together	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
399) Stress or tension between family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

400) Family Relationships Score _____

401) Parent HRQL Summary Score _____

402) Family Functioning Summary Score _____

403) FIM Total Score _____

Coronavirus Impact Scale

This section is optional
Progress: 95%

Rate how much the Coronavirus pandemic has changed your life in each of the following ways: Routines

- No change.
- Mild. Change in only one area (e.g. work, education, social life, hobbies, religious activities).
- Moderate. Change in two areas (e.g. work, education, social life, hobbies, religious activities).
- Severe. Change in three or more areas (e.g. work, education, social life, hobbies, religious activities).

Family Income/employment

- No change.
- Mild. Small change; able to meet all needs and pay bills.
- Moderate. Having to make cuts but able to meet basic needs and pay bills.
- Severe. Unable to meet basic needs and/or pay bills.

Food access

- No change.
- Mild. Enough food but difficulty getting to stores and/or finding needed items.
- Moderate. Occasionally without enough food and/or good quality (e.g., healthy) foods.
- Severe. Frequently without enough food and/or good quality (e.g., healthy) foods.

Medical health care access

- No change.
- Mild. Appointments moved to telehealth.
- Moderate. Delays or cancellations in appointments and/or delays in getting prescriptions; changes have minimal impact on health.
- Severe. Unable to access needed care resulting in moderate to severe impact on health.

Mental health care access

- No change.
- Mild. Appointments moved to telehealth.
- Moderate. Delays or cancellations in appointments and/or delays in getting prescriptions; changes have minimal impact
- Severe. Unable to access needed care resulting in severe risk and/or significant impact

Access to extended family and on-family social supports

- No change.
- Mild. Continued visits with social distancing and/or regular phone calls and/or televideo or social media contacts.
- Moderate. Loss of in person and remote contact with a few people, but not all supports.
- Severe. Loss of in person and remote contact with all supports.

Experiences of stress related to coronavirus pandemic

- None.
- Mild. Occasional worries and/or minor stress-related symptoms (e.g., feel a little anxious, sad, and/or angry; mild/rare trouble sleeping).
- Moderate. Frequent worries and/or moderate stress-related symptoms (e.g., feel moderately anxious, sad, and/or angry; moderate/occasional trouble sleeping).
- Severe. Persistent worries and/or severe stress-related symptoms (e.g., feel extremely anxious, sad, and/or angry; severe/frequent trouble sleeping).

Stress and discord in the family

- None.
- Mild. Family members occasionally short-tempered with one another; no physical violence.
- Moderate. Family members frequently short-tempered with one another; and/or children in the home getting in physical fights with one another.
- Severe. Family members frequently short-tempered with one another and adults in the home throwing things at one another, and/or knocking over furniture, and/or hitting and/or harming one another.

Personal diagnosis of coronavirus

- None.
- Mild. Symptoms effectively managed at home.
- Moderate. Symptoms severe and required brief hospitalization.
- Severe. Symptoms severe and required ventilation.

Number of immediate family members diagnosed with coronavirus: _____

Rate the symptoms of the person who was most sick:

- Mild. Symptoms effectively managed at home.
- Moderate. Symptoms severe and required brief hospitalization.
- Severe. Symptoms severe and required ventilation.
- Immediate family member died from coronavirus

Number of extended family member(s) and/or close friends diagnosed with coronavirus: _____

Rate the symptoms of the person who was most sick:

- Mild. Symptoms effectively managed at home.
- Moderate. Symptoms severe and required brief hospitalization.
- Severe. Symptoms severe and required ventilation.
- Extended family member and/or close friend died of coronavirus.

Please tell us about any other ways the coronavirus pandemic has impacted your life: _____

Vaccination

Progress: 95%

Was your child vaccinated against COVID-19? Yes No

Do you plan to have your child vaccinated against COVID-19? Yes
 No
 Unsure

Did your child participate in a randomized trial to test COVID-19 vaccines? Yes No

If yes, and you are aware, did your child receive the vaccine or placebo (sugar)? Vaccine
 Placebo
 Unsure

THANK YOU

Thank you very much for completing the study. Please see the list below of resources for families with children affected by COVID and MIS-C.

1. Center for Disease Control (US-based)

Children, Teens, and Young Adults: Sections on school, coping and support, health and well-being in the pandemic.
<https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/caring-for-children.html>

2. Local, national, and international post-COVID clinics. Your primary care provider, local or regional hospital, or Children's hospital may have resources for children affected by COVID/MIS-C.

One example is the Kennedy Krieger Institute has a Pediatric Post COVID-19 Rehabilitation Clinic:

<https://www.kennedykrieger.org/patient-care/centers-and-programs/pediatric-post-covid-19-rehabilitation-clinic>