

Pediatric Multiple Sclerosis Quality of Life Questionnaire

The following questions are about your health and daily activities. Answer every question by circling the appropriate number (1, 2, 3, ...)

If you are unsure about how to answer a question, please give the best answer you can and write a comment or explanation in the margin.

Please feel free to ask someone to assist you if you need help reading or marking the form.

1. In general, would you say your health is: (circle one number)

Excellent	1
Very Good	2
Good	3
Fair	4
Poor	5

2. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)? (Circle one number)

All of the time	1
Most of the time	2
Some of the time	3
A little of the time	4
None of the time	5

3. How much bodily pain have you had during the past 4 weeks?

None	1
Very mild	2
Mild	3

Moderate	4
Severe	5
Very severe	6

4. During the past 4 weeks, how much did pain interfere with your normal work (including both school/work and play activities)?

Not at all	1
A little bit	2
Moderately	3
Quite a bit	4
Extremely	5

5-8. During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of your physical health?**

(Circle one number on each line)	YES	NO
5. Cut down on the amount of time you could spend on school/work or other activities	1	2
6. Accomplished less than you would like	1	2
7. Were limited in the kind of work/play activities	1	2
8. Had difficulty performing the work or other activities (for example, it took extra effort)	1	2

9-11. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious).

9. Cut down on the amount of time you could spend on school/work or other activities	1	2
10. Accomplished less than you would like	1	2

11. Didn't do work or other activities as carefully as usual 1 2

12-21. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the past 4 weeks (Circle one number on each line)

	All Of the Time	Most Of the Time	A Good Bit of the Time	Some of the Time	A Little of the Time	None of the Time
12. Did you feel full of pep?	1	2	3	4	5	6
13. Have you been anxious?	1	2	3	4	5	6
14. Have you felt so down in the dumps that nothing could cheer you up?	1	2	3	4	5	6
15. Have you felt calm and peaceful?	1	2	3	4	5	6
16. Did you have a lot of energy?	1	2	3	4	5	6
17. Have you felt downhearted and blue?	1	2	3	4	5	6
18. Did you feel worn out?	1	2	3	4	5	6
19. Have you been a happy person?	1	2	3	4	5	6
20. Did you feel tired?	1	2	3	4	5	6
21. Did you feel rested on waking up in the morning?	1	2	3	4	5	6

Health in General

How TRUE or FALSE is each of the following statements for you. (Circle one number on each line)

	Definitely True	Mostly True	Not Sure	Mostly False	Definitely False
22. I seem to get sick a little easier than other people	1	2	3	4	5
23. I am as healthy as anybody I know	1	2	3	4	5
24. I expect my health to get worse	1	2	3	4	5
25. My health is excellent	1	2	3	4	5

Health Distress

How much of the time during the past 4 weeks... (Circle one number on each line)

	All Of the Time	Most Of the Time	A Good Bit of the Time	Some of the Time	A Little of the Time	None of the Time
26. Were you discouraged by your health problems?	1	2	3	4	5	6
27. Were you frustrated about your health?	1	2	3	4	5	6
28. Was your health a worry in your life?	1	2	3	4	5	6
29. Do you feel overwhelmed by your health problems?	1	2	3	4	5	6

Cognitive function

How much of the time during the past 4 weeks... (Circle one number of each line)

All	Most	A Good	Some	A Little	None
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	Of the Time	Of the Time	Bit of the Time	of the Time	of the Time	of the Time
30. Have you had difficulty concentrating and thinking?	1	2	3	4	5	6
31. Did you have trouble keeping your attention on an activity for long?	1	2	3	4	5	6
32. Have you had trouble with your memory?	1	2	3	4	5	6
33. Have others, such as family members or friends, noticed that you have trouble with your memory or problems with your concentration?	1	2	3	4	5	6

34. During the past 4 weeks, to what extent have problems with your bowel or bladder function interfered with your normal social activities with family, friends, neighbors, or groups?

(Circle one number)

- Not at all 1
- Slightly 2
- Moderately 3
- Quite a bit 4
- Extremely 5

35. During the past 4 weeks, how much did pain interfere with your enjoyment of life?

(Circle one number)

- Not at all 1

Slightly	2
Moderately	3
Quite a bit	4
Extremely	5

36. Overall, how would you rate your own quality-of-life?

Circle one number on the scale below:

Best Possible Quality-of-Life	1	2	3	4	5	6	7	Worst Possible Quality-of-Life
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37. Which best describes how you feel about your life as a whole? (Circle one number)

Terrible	1
Unhappy	2
Mostly dissatisfied	3
Mixed-about equally Satisfied and dissatisfied	4
Mostly satisfied	5
Pleased	6
Delighted	7