

[Parent Completed]

**DIRECTIONS:**

The following 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 the appropriate box below. 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...

	1.	Physical Functioning (problems with):	Never	Almost Never	Sometimes	Often	Almost Always
paq1a_rc	1a.	Walking more than one block? paq1a	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
paq1b_rc	1b.	Running? paq1b	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
paq1c_rc	1c.	Participating in sports activity or exercise? paq1c	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
paq1d_rc	1d.	Lifting something heavy? paq1d	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
paq1e_rc	1e.	Taking a bath or shower by him or herself? paq1e	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
paq1f_rc	1f.	Doing chores like picking up his or her toys? paq1f	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
paq1g_rc	1g.	Having hurts or aches? paq1g	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
paq1h_rc	1h.	Low energy level? paq1h	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

	2.	Emotional Functioning (problems with):	Never	Almost Never	Sometimes	Often	Almost Always
paq2a_rc	2a.	Feeling afraid or scared? paq2a	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
paq2b_rc	2b.	Feeling sad or blue? paq2b	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
paq2c_rc	2c.	Feeling angry? paq2c	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
paq2d_rc	2d.	Trouble sleeping? paq2d	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
paq2e_rc	2e.	Worrying about what will happen to him / her? paq2e	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

	3.	Social Functioning (problems with):	Never	Almost Never	Sometimes	Often	Almost Always
paq3a_rc	3a.	Getting along with other children? paq3a	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
paq3b_rc	3b.	Other kids not wanting to be his or her friend? paq3b	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
paq3c_rc	3c.	Getting teased by other children? paq3c	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
paq3d_rc	3d.	Not able to do things that other children his or her age can do? paq3d	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
paq3e_rc	3e.	Keeping up when playing with other children? paq3e	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

	4.	School Functioning (problems with):	Never	Almost Never	Sometimes	Often	Almost Always
paq4a_rc	4a.	Paying attention in class? paq4a	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
paq4b_rc	4b.	Forgetting things? paq4b	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
paq4c_rc	4c.	Keeping up with school activities? paq4c	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
paq4d_rc	4d.	Missing school because of not feeling well? paq4d	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
paq4e_rc	4e.	Missing school to go to the doctor or hospital? paq4e	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4