

QUALITY OF LIFE

PARENT/LEGAL GUARDIAN VERSION

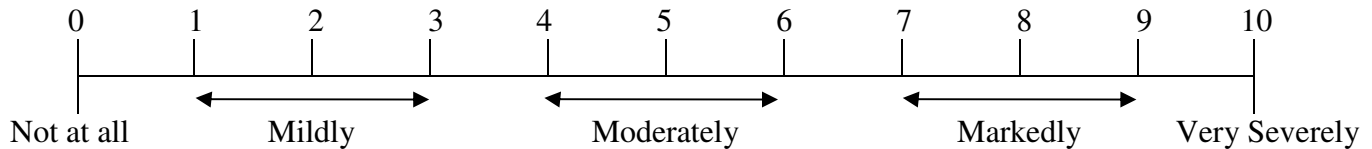
Patient Name: _____; ID # _____; Relationship to patient: _____; Date: _____

CIRCLE A NUMBER THAT BEST DESCRIBES YOUR CHILD'S SITUATION NOW

WORK/SCHOOL

(If your child is not in school and does not have full or part-time paid employment, mark "NA" beside the scale)

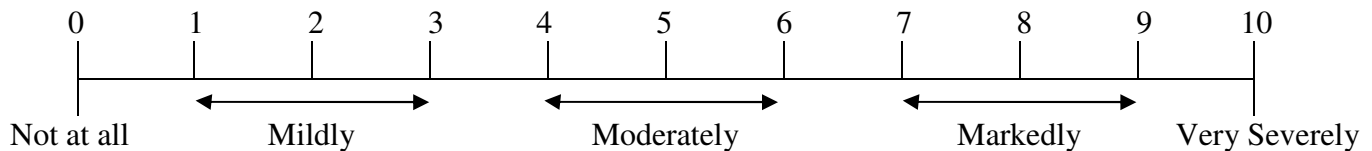
BECAUSE OF HIS/HER PROBLEMS, MY CHILD'S WORK / SCHOOL IS IMPAIRED



SOCIAL LIFE / LEISURE ACTIVITIES

(with other people at parties, socializing, visiting, outings, clubs and entertaining)

BECAUSE OF HIS/HER PROBLEMS, MY CHILD'S SOCIAL LIFE / LEISURE IS IMPAIRED



FAMILY LIFE / HOME RESPONSIBILITIES

(relating to family members, paying bills, managing home, shopping and cleaning)

BECAUSE OF HIS/HER PROBLEMS, MY CHILD'S FAMILY LIFE / HOME RESPONSIBILITIES ARE IMPAIRED

