PRO-Kid Questionnaire

1) Date Completed: _____

PRO-Kid Questionnaire for ages 8 - 18 years

Please tell us how often you had each of these feelings AND how much they bothered you in the past week by circling the number that best describes the amount. Please rate the following items for frequency and impact:

Frequency

In the past week, how often did you have this symptom?

		Not at all	A little	Medium	A lot	Always
2)	Feeling sad	○	○	○	○	○
3)	Feeling scared or worried	○	○	○	○	○
4)	Feeling left out	○	○	○	○	○
5)	Feeling tired	○	○	○	○	○
6)	Feeling like you may throw up or throwing up	○	○	○	○	○
7)	Don't feel like eating	○	○	○	○	○
8)	Can't sleep well	○	○	○	○	○
9)	Problems with thinking or concentrating (not able to focus)	○	○	○	○	○
10)	Constipation (hard to poop)	○	○	○	○	○
11)	Itching	○	○	○	○	○
12)	Headache	○	○	○	○	○
13)	Pain (other than headache)	○	○	○	○	○
14)	Trouble breathing	○	○	○	○	○
15)	Changes in taste of food	○	○	○	○	○

IMPACT

In the past week, how much did this symptom bother you?

		Not all all	A little	Medium	A lot	Extremely bothered
16)	Feeling sad	○	○	○	○	○
17)	Feeling scared or worried	○	○	○	○	○
18)	Feeling left out	○	○	○	○	○
19)	Feeling tired	○	○	○	○	○
20)	Feeling like you may throw up or throwing up	○	○	○	○	○
21)	Don't feel like eating	○	○	○	○	○
22)	Can't sleep well	○	○	○	○	○
23)	Problems with thinking or concentrating (not able to focus)	○	○	○	○	○
24)	Constipation (hard to poop)	○	○	○	○	○
25)	Itching	○	○	○	○	○
26)	Headache	○	○	○	○	○
27)	Pain (other than headache)	○	○	○	○	○
28)	Trouble breathing	○	○	○	○	○
29)	Changes in taste of food	○	○	○	○	○

30) Pro Kid Symptoms Frequency Score _____

31) Pro Kid Symptoms Impact Score _____