

<b>Outcome Measure</b>	<b>Pediatric Quality of Life Initiative (PEDS QL); Multidimensional Fatigue Scale</b>
<b>Sensitivity to Change</b>	Yes
<b>Population</b>	Paediatric
<b>Domain</b>	TBI-Related Symptoms
<b>Type of Measure</b>	Self-report, observer-report
<b>ICF-Code/s</b>	b4
<b>Description</b>	<p>The PedsQL Multidimensional Fatigue Scale (Varni, Seid, &amp; Rode, 1999) was designed as a generic symptom-specific instrument to measure fatigue in children with acute and chronic health conditions as well as healthy school and community populations.</p> <p>The scale comprises 18 items and 3 subscales: [1] General Fatigue (6 items, e.g., “I feel tired.”; “I feel too tired to do things that I like to do.”), [2] Sleep/Rest Fatigue (6 items, e.g., “I feel tired when I wake up in the morning.”; “I rest a lot.”), and [3]Cognitive Fatigue (6 items, e.g., “It is hard for me to keep my attention on things.”; “It is hard for me to remember what people tell me.”).</p> <p>The format, instructions, Likert response scale, and scoring method are identical to the PedsQL™ 4.0 Generic Core Scales, with higher scores indicating better HRQOL (lower fatigue symptoms). The instructions for the standard version ask how much of a problem each item has been during the past one month.</p> <p>The scale comprises parallel child self-report and parent proxy-report formats. The parent proxy-report assesses the parent's perceptions of their child's fatigue. Forms across the various age groups are essentially identical, differing only in developmentally appropriate language, or first or third person tense. A 5-point Likert scale is used (0 = never a problem; 1 = almost never a problem; 2 = sometimes a problem; 3 = often a problem; 4 = almost always a problem). However, for the young child self-report (ages 5–7), the response scale is reworded and simplified to a 3-point scale (0 = not at all a problem; 2 = sometimes a problem; 4 = a lot of a problem). Response options for this group are also anchored to a happy to sad faces scale.</p> <p>Items are reverse-scored and linearly transformed to a 0–100 scale (0 = 100, 1 = 75, 2 = 50, 3 = 25, 4 = 0), so that higher PedsQL Multidimensional Fatigue Scale scores indicate better HRQOL (fewer symptoms of fatigue).</p>
<b>Properties</b>	see Crichton et al pediatrics
<b>Advantages</b>	Brief, well normed, wide age range, multiple informants, multiple domains

<b>Disadvantages</b>	Expensive
<b>Additional Information</b>	
<b>Reviewers</b>	Vicki Anderson Cathy Catroppa

### References

Varni, J. W., Seid, M., & Rode, C. A. (1999). The PedsQL (TM): Measurement model for the pediatric quality of life inventory. *Medical care*, 37(2), 126-139.