
Quality of Life Inventory-Disability (QI-Disability)
Questionnaire for children and adolescents
Parent Version



These questions are about your child's life over the past month. We would like to know how you observe your child respond to a range of life experiences.

There are no right or wrong answers - please provide your best answers for your child.

For each question, please reflect on your observations of your child's well-being and enjoyment of life over the past month.

Health and well-being

<i>Over the past month, how often has your child...</i>	Never	Rarely	Sometimes	Often	Very often
1. Had enough energy to participate in daily routines and activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Kept in good general health (e.g. avoided coughs, colds, fever)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Slept well during the night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Been alert and aware during the day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Feelings and emotions

<i>Over the past month, how often has your child...</i>	Never	Rarely	Sometimes	Often	Very often
5. Been in a good mood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Smiled or brightened their facial expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Showed happiness through body language (e.g. making eye contact, body facing others)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Showed cheeky or comical mannerisms (e.g. laughed, giggled)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Been unsettled without an apparent reason	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Showed aggression (e.g. hitting, kicking, using offensive language, being destructive)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Appeared upset or angry (e.g. crying, screaming, moving or stiffening the body)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Become withdrawn with a low mood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Deliberately hurt themselves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Expressed discomfort with changes in routine (e.g. carers, school, respite, out-of-home care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Showed signs of being anxious or agitated (e.g. teeth grinding, fast breathing, avoidance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family and friends

<i>Over the past month, how often has your child...</i>	Never	Rarely	Sometimes	Often	Very often
16. Expressed happiness when they were understood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Appeared relaxed when making eye contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Initiated greetings with people verbally or nonverbally (e.g. eye contact)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Enjoyed being included	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Enjoyed the social experiences of meal times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Responded positively when others paid attention to them (e.g. your child smiled, showed interest)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Showed pleasure or excitement when looking forward to activities (e.g. going to school, outings, events)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Activities and the outdoors

<i>Over the past month, how often has your child...</i>	Never	Rarely	Sometimes	Often	Very often
23. Enjoyed moving their body (e.g. crawling, walking, swinging, swimming)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Enjoyed feeling steady or stable during physical activities (e.g. sitting, standing, bike riding)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Enjoyed physical activities (e.g. going out for a walk, swimming, swinging, dancing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Enjoyed going on outings in the community (e.g. shopping, party, sports, theatre)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Enjoyed spending time outdoors (e.g. contact with water, grass, wind, sunshine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Daily life

<i>Over the past month, how often has your child...</i>	Never	Rarely	Sometimes	Often	Very often
28. Expressed their needs (e.g. hunger, thirst, toileting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Made their own choices for activities or things they enjoy (e.g. DVDs, toys)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Helped to complete routine activities (e.g. dressing, feeding)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Enjoyed making things with their hands – can be with help (e.g. building blocks, painting, cooking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Enjoyed using technology (e.g. computer, tablet, applications on phones)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

