

CHILD HEALTH QUESTIONNAIRE

This questionnaire asks about your child's health and well-being. It is private and your individual answers will not be shared with anyone. Your answers will remain confidential.

Answer by marking the appropriate box for each question.

Some questions make look alike but each one is different. Some questions ask about problems your child may not have. That's great, but it's important for us to know, so please answer each question.

There are no right or wrong answers. If you are unsure how to answer a question, please give the best answer you can.

When completed, please select the SUBMIT button to move to the final section.

	Excellent	Very Good	Good	Fair	Poor
1.1 In general, would you say your child's health is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 2: Your child's physical activities.

The following question asks about physical activities your child might do during the day.

2.1 During the past 4 weeks, has your child been limited in any of the following activities due to health problems?

	Yes, limited a lot	Yes, somewhat limited	Yes, limited a little	No, not limited
a. Doing things that take a lot of energy, such as playing soccer, or running?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Doing things that take some energy such as riding a bike or roller blading?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Bending, lifting or stooping?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 3: Your child's everyday activities

	Yes, limited a lot	Yes, somewhat limited	Yes, limited a little	No, not limited
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3.1 During the past 4 weeks, has your child been limited in the AMOUNT of time he/ she could spend on schoolwork or activities with friends due to EMOTIONAL difficulties or problems with his/her BEHAVIOUR?

Yes, limited a lot

Yes, somewhat limited

Yes, limited a little

No, not limited

3.2 During the past 4 weeks, has your child been limited in the KIND of schoolwork or activities he/ she could do with friends due to problems with his/her PHYSICAL health?

Section 4: Pain

None of the time

Once or twice

A few times

Fairly often

Very often

Every /almost every day

4.1 During the past 4 weeks, how often has your child had bodily pain or discomfort?

Section 5: Behaviour

Below is a list of items that describe children's behaviour or problems they sometimes have.

5.1 How often during the past 4 weeks did each of the following statements describe your child?

	Very often	Fairly often	Sometimes	Almost never	Never
a. Argued a lot?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Had difficulty concentrating or paying attention?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Lied or cheated?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Excellent	Very good	Good	Fair	Poor
5.2 Compared to other children your child's age, in general how would you say his/her behaviour is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 6: Well-being

The following phrases are about children's moods.

6.1 During the past 4 weeks, how much of the time do you think your child:

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
b. Felt lonely?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Acted nervous?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Acted bothered or upset?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 7: Self Esteem

The following ask about your child's satisfaction with self, school, and others. It may be helpful if you keep in mind how other children your child's age might feel about these areas.

7.1 During the past 4 weeks, how satisfied do you think your child has felt about:

	Very satisfied	Somewhat satisfied	Neither satisfied nor dissatisfied	Somewhat dissatisfied	Very dissatisfied
a. His/her school ability?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. His/her friendships?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. His/her life overall?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 8: Your child's health

8.1 The following statements are about health in general. How true or false is each statement for your child?

	Definitely true	Mostly true	Don't know	Mostly false	Definitely false
a. My child seems to be less healthy than other children I know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. My child has never been seriously ill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I worry about my child's health more than other people worry about their children's health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Much better now than 1 year ago	Somewhat better now than 1 year ago	About the same now as 1 year ago	Somewhat worse now than 1 year ago	Much worse now than 1 year ago
8.2) Compared to one year ago, how would you rate your child's health now?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 9: You and your family

9.1 During the past 4 weeks, how MUCH emotional worry or concern did each of the following cause YOU?

	None at all	A little bit	Some	Quite a bit	A lot
a. Your child's physical health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Your child's emotional well-being or behaviour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9.2 During the past 4 weeks, were YOU LIMITED in the amount of time YOU had for your own needs because of:

	Yes, limited me a lot	Yes, limited me some	Yes, limited me a little	No, did not limit me
a. Your child's physical health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Your child's emotional well-being or behaviour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9.3 During the past 4 weeks, how often has your child's health or behaviour:

	Very often	Fairly often	Sometimes	Almost never	Never
a. Limited the types of activities you could do as a family?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

b. Interrupted various everyday family activities (eating meals, watching TV)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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	Excellent	Very good	Good	Fair	Poor
9.4 Sometimes families may have difficulty getting along with one another. They do not always agree and they may get angry. In general, how would you rate your family's ability to get along with one another?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>