Quality of Life Questionnaire for Children
Kiddy-KINDL
Parents’ Questionnaire KINDL®

Long-term illness/staying in hospital

Dear parents,

We really appreciate your taking the time to complete this questionnaire about your child’s well-being and health-related quality of life.

Since it is a matter of your own assessment of your child’s well-being, please complete the questionnaire yourself according to the instructions, i.e. without asking your child.

☞ Read each question carefully.
☞ Think about how your child has been feeling during the past week.
☞ Put a cross in the box corresponding to the answer in each line that fits your child best.

For example:

During the past week ... 
...my child has slept well. ☑ ☐ ☐ ☐ ☑ ☐

My Child is a: ☐ Girl ☐ Boy
Age: _____ Years
You are: ☐ Mother ☐ Father ☐ Other _____________?
Date of fill out: __ / __ / __ (day / month / year)
During the past week ...

<table>
<thead>
<tr>
<th>Question</th>
<th>never</th>
<th>seldom</th>
<th>sometimes</th>
<th>often</th>
<th>all the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.  ... my child was afraid that the illness might get worse</td>
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<td>2.  ... my child was sad because of the illness</td>
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<td>3.  ... my child was able to cope well with his/ her illness</td>
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<td>4.  ... we treated our child as though he/ she were younger, because of the illness</td>
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<td>5.  ... my child avoided others to notice his/ her illness</td>
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<tr>
<td>6.  ... my child missed something at nursery school/kindergarten because of his/ her illness</td>
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</tbody>
</table>

Thank you for your co-operation!