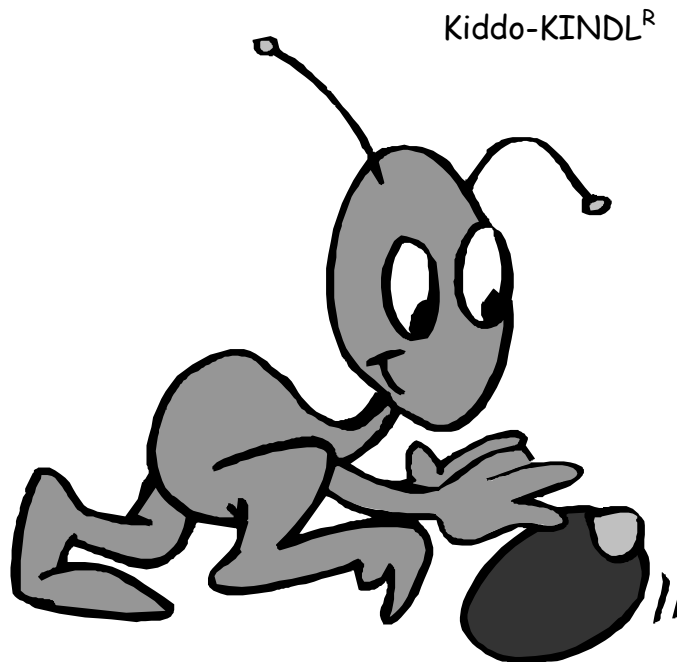


Questionnaire for children

ID: _____




Long-term illness/staying in hospital

Hello there!

We would like to know how you have been feeling during the past week, so we have worked out a few questions which we would like you to answer.

- ⇒ Please read each question carefully.
- ⇒ Think about how things have been for you over the past week.
- ⇒ Choose the answer that fits you best in each line and put a cross in the box.

There are no right or wrong answers. It's what you think that matters.

For example: 	never	seldom	some-times	often	all the time
During the past week, I liked to listen to music.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Date of fill out:

(day / month / year)

Please tell us something about you. Please put a cross or fill in!



I am a girl boy

Age: _____ years old

How many siblings do you have? 0 1 2 3 4 5 more than 5

Which type of school do you go to? _____

<i>During the past week...</i>	never	seldom	sometimes	often	all the time
1. ... I was afraid that my illness might get worse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ... I was sad because of my illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ... I was able to cope well with my illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ... My parents treated me like a baby because of my illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. ... I wanted nobody to notice my illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. ... I missed something at school because of my illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for helping us!

