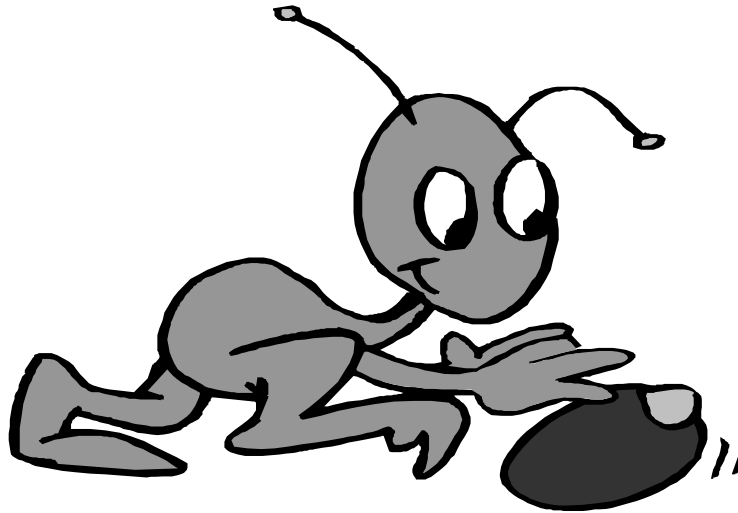


Questionnaire for Children and Adolescents



Hi! We would like to know how you have been feeling, so we have worked out a few questions which we would like you to answer.

This questionnaire is meant for children and adolescents who are currently ill.


⇒ Please read each question carefully.

⇒ Think about how things have been for you over the past week.

⇒ Choose the answer that fits you best and put a cross in the box under it.

There are no right or wrong answers.

We are interested in your opinion.

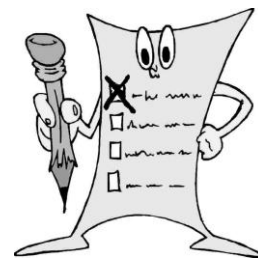
For example: 	never	seldom	some-times	often	all the time
During the past week I enjoyed listening to music.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

I completed the questionnaire on:

Your first name:

Day/Month/Year

First of all tell us something about yourself. Please mark with an X or write in!



I am a girl boy. I am _____ years old.

How many brothers or sisters do you have? 0 1 2 3 4 5
 more than 5

What kind of school do you go to? primary school lower secondary
 intermediate secondary comprehensive
 upper secondary special needs school
I am in _____ grade receiving vocational training

First of all we would like to know something about your physical health...

<i>During the past week...</i>	never	seldom	some-times	often	all the time	This bothered me or was a burden to me		
						not at all	moderately	very much
1. ... I could not get up and spent most of the time lying in bed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ... I had no appetite.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ... I felt sick and had to throw up.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ... I had an infection (sore mouth, stomach or intestinal problems, diarrhoea, skin problems).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

... then something about how you've been feeling in general ...

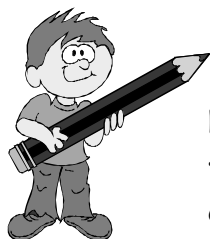
<i>During the past week...</i>	never	seldom	some-times	often	all the time
5. ... I didn't want to see anybody.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. ... I was in a bad mood because of the forthcoming appointment in hospital / the outpatient clinic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. ... I was in a bad mood because of my illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. ... I thought about how things are going to go on with my illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





The next questions are about your friends.

<i>During the past week...</i>	never	seldom	some- times	often	all the time
9. ... I was regularly in touch with school friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. ... my friends visited me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. ... my friends helped me a lot.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Now we would like to know something about your school. This question is for everyone who goes to school at the moment (including vocational college) or who receives tuition at home.

<i>During the past week...</i>	never	seldom	some- times	often	all the time
12. ... I went to school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. ... I was fit enough to take part in sports at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Next we have some questions about your medical treatment (which you may have received).

Again please think of the past week.

<i>During the past week...</i>	If yes:				This bothered me or was a burden to me		
	seldom	some- times	often	all the time	not at all	moder- ately	very much
14. ... I had a medical examination (listening at chest, prodding stomach, touching). no <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. ... I was in hospital. no <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. ... I had chemotherapy. no <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

During the past week...	If yes:				This bothered me or was a burden to me		
	seldom	moderately	often very much	all the time	not at all	moderately	very much
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. ... I had to perform oral hygiene. no <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. ... I had plasters removed. no <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. ... I had my finger pricked. no <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. ... I had a puncture biopsy. no <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. ... my stoma /port needed looking after. no <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. ... I was given painkillers / morphia. no <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. ... I received infusions of nutrients no <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. ... I had radiotherapy. no <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

During the past week I was in hospital for ____ days.

Please write legibly

During the past week I was in the outpatient clinic ____ times.

Is there anything else you'd like to say that is important to you?

- _____
- _____

