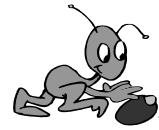


Quality of Life Questionnaire for Children

Kiddy-KINDL
Parents' Questionnaire KINDL^R



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 ... 	never	seldom	some-times	often	all the time
...my child has slept well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

My Child is a: Girl Boy

Age: _____ Years

You are: Mother Father Other _____?

Date of fill out: ___ / ___ / ___ (day / month / year)

<i>During the past week ...</i>	never	seldom	some- times	often	all the time
1. ... my child was afraid that the illness might get worse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ... my child was sad because of the illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ... my child was able to cope well with his/ her illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ... we treated our child as though he/ she were younger, because of the illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. ... my child avoided others to notice his/ her illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. ... my child missed something at nursery school/kindergarten because of his/ her illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for your co-operation!