

Quality of Life Questionnaire for Children

Kid- & Kiddo-KINDL
Parents' Questionnaire KINDL[®]




Dear Parent,

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)

1. Physical Well-being

| <i>During the past week ...</i> | never | seldom | some-times | often | all the time |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. ... my child felt ill | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. ... my child had a headache or tummy-ache | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. ... my child was tired and worn-out | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. ... my child felt strong and full of energy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. Emotional Well-being

| <i>During the past week ...</i> | never | seldom | some-times | often | all the time |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. ... my child had fun and laughed a lot | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. ... my child didn't feel much like doing anything | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. ... my child felt alone | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. ... my child felt scared or unsure of him-/ herself | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. Self-esteem

| <i>During the past week ...</i> | never | seldom | some-times | often | all the time |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. ... my child was proud of him-/herself | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. ... my child felt on top of the world | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. ... my child felt pleased with him-/herself | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. ... my child had lots of good ideas | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. Family

| <i>During the past week ...</i> | never | seldom | some-times | often | all the time |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. ... my child got on well with us as parents | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. ... my child felt fine at home | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. ... we quarrelled at home | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. ... my child felt that I was bossing him/her around | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5. Social Contacts

| <i>During the past week ...</i> | never | seldom | some- times | often | all the time |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. ... my child did things together with friends | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. ... my child was liked by other kids | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. ... my child got along well with his/ her friends | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. ... my child felt different from other children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. School

| <i>During the last week in which my child was at school ...</i> | never | seldom | some- times | often | all the time |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. ... my child easily coped with schoolwork | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. ... my child enjoyed the school lessons | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. ... my child worried about his/her future | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. ... my child was afraid of bad marks or grades | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Thank you for your co-operation!