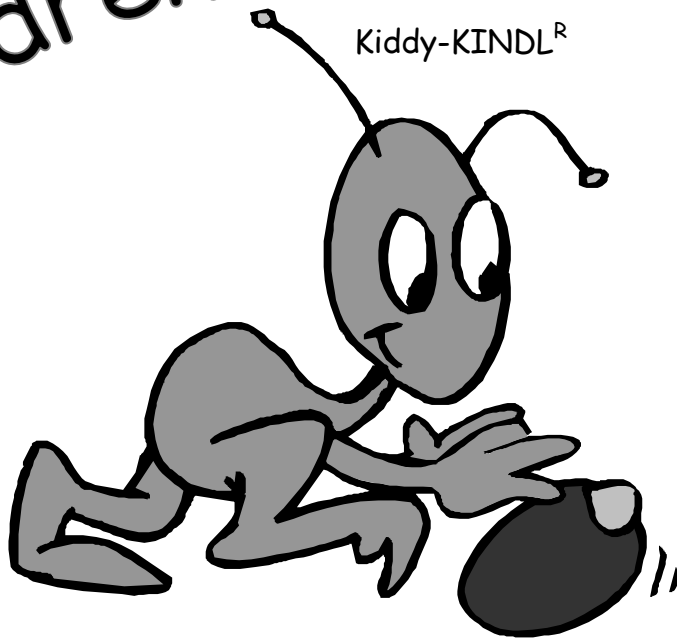


Children's Questionnaire

Kiddy-KINDL[®]



Long-term illness/staying in hospital

Hello there !

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.

- ⇒ I am going to read out each question to you and
- ⇒ I would like you to think about how things have been for you over the past week, and then
- ⇒ tell me which answer fits you best.

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

Date of fill out:

(day / month / year)

First of all, please tell me something about you.

Are you a girl or a boy?	<input type="checkbox"/> girl or a <input type="checkbox"/> boy
How old are you?	_____ years old
How many siblings (brothers or sisters) do you have?	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> >5
Are you going to kindergarten/ nursery school?	<input type="checkbox"/> kindergarten <input type="checkbox"/> nursery school/preschool <input type="checkbox"/> neither

Now, I will read you an example:

When you hear the sentence: "During the past week, I felt like eating ice-cream", can you tell me how often that was the case?

There are 3 possible answers: **never, sometimes and very often**

So how was it for you? Would you say: During the past week I ...

never felt like eating ice-cream;
sometimes felt like eating ice-cream or
very often felt like eating ice-cream.

Child's answer! If the child seems to have understood the system of answering, then continue with Question 1. Otherwise repeat the example.

You did that very well. So now let's begin.

<i>During the past week...</i>	never	sometimes	very often
1. ... I was afraid that my illness might get worse	<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"/>
3. ... I was able to cope well with my illness	<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"/>
5. ... I avoided others to notice my illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. ... I missed something at nursery school/kindergarten because of my illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

THANK YOU FOR YOUR ASSISTANCE!