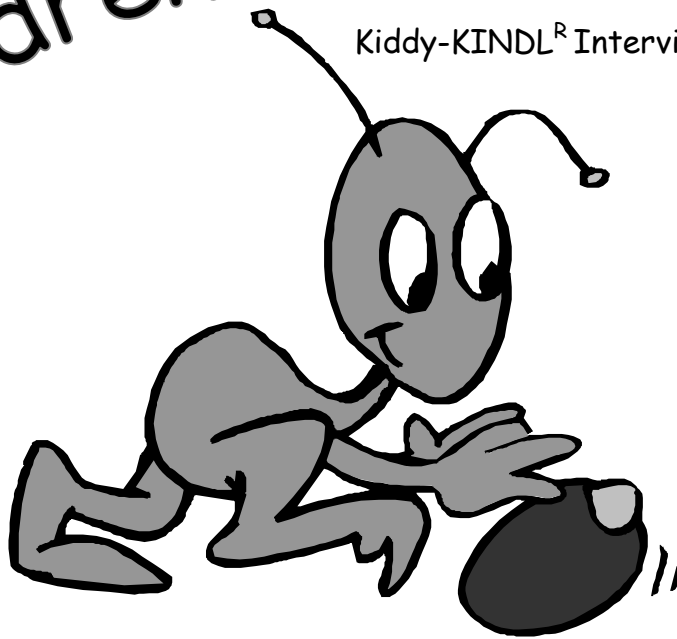


Children's Questionnaire

Kiddy-KINDL^R Interview



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.

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

<i>During the past week...</i>	never	sometimes	very often
1. ... I felt ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ... I had a headache or tummy-ache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

<i>During the past week...</i>	never	sometimes	very often
1. ... I had fun and laughed a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ... I was bored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. ... and how you have been feeling about yourself.

<i>During the past week...</i>	never	sometimes	very often
1. ... I was proud of myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ... I felt pleased with myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. The next questions are about your family ...

<i>During the past week...</i>	never	sometimes	very often
1. ... I got on well with my parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ... I felt fine at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. ... and then about friends.

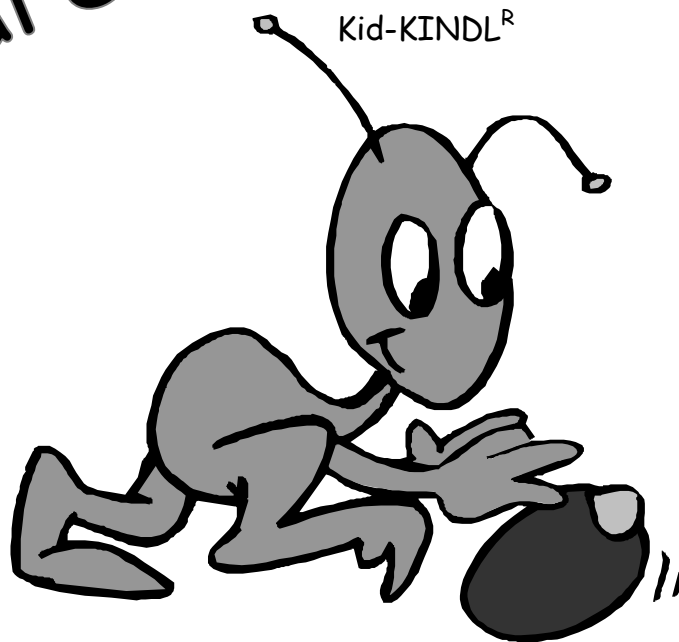
<i>During the past week...</i>	never	sometimes	very often
1. ... I played with friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ... I got along well with my friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Now, we would like to know something about nursery school/kindergarten.

<i>During the last week, in which I was at kindergarten/nursery school ...</i>	never	sometimes	very often
1. ... I coped well with the assignments set in nursery school/kindergarten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ... I enjoyed nursery school/ kindergarten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

THANK YOU FOR YOUR ASSISTANCE!

Children's Questionnaire



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.

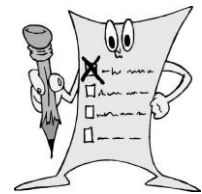
There are no right or wrong answers. It's what you think that matters.

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? _____

1. 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
1. ... I felt ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ... I had a headache or tummy-ache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ... I was tired and worn-out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ... I felt strong and full of energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

<i>During the past week...</i>	never	seldom	some-times	often	all the time
1. ... I had fun and laughed a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ... I was bored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ... I felt alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ... I was scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. ... and how you have been feeling about yourself.

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

4. The next questions are about your family ...

<i>During the past week...</i>	never	seldom	some- times	often	all the time
1. ... I got on well with my parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ... I 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 parents stopped me from doing certain things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

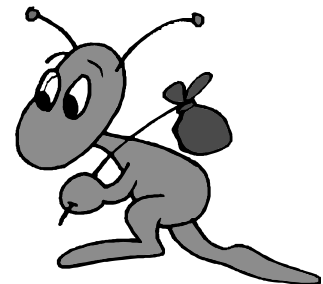
5. ... and then about friends.

<i>During the past week...</i>	never	seldom	some- times	often	all the time
1. ... I played with friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ... Other kids liked me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ... I got along well with my friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ... I felt different from other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

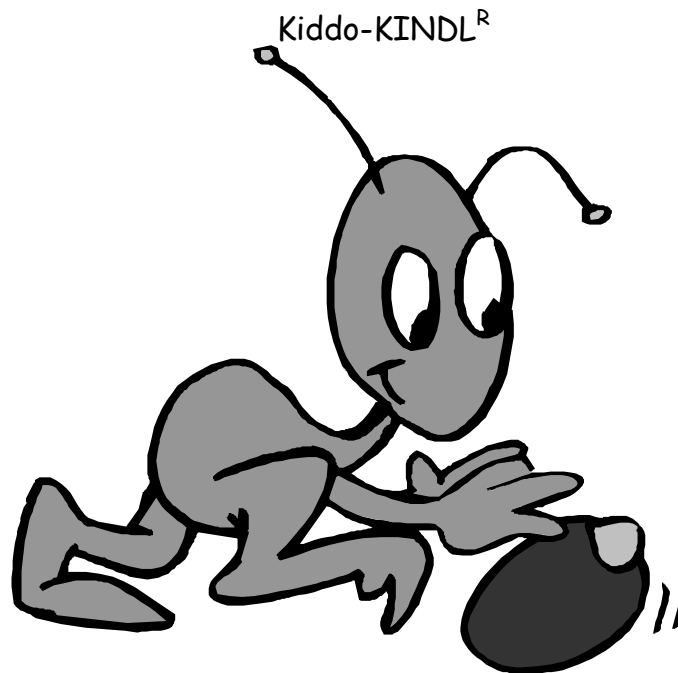
6. Last of all, we would like to know something about school.

<i>During the last week in which I was at school...</i>	never	seldom	some- times	often	all the time
1. ... doing my schoolwork was easy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ... I enjoyed my lessons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ... I worried about my future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ... I worried about bad marks or grades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for helping us!



Questionnaire for adolescents




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? _____

1. 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
1. ... I felt ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ... I was in pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ... I was tired and worn-out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ... I felt strong and full of energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

<i>During the past week...</i>	never	seldom	some-times	often	all the time
1. ... I had fun and laughed a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ... I was bored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ... I felt alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ... I felt scared or unsure of myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. ... and how you have been feeling about yourself.

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

4. The next questions are about your family ...

<i>During the past week...</i>	never	seldom	some- times	often	all the time
1. ... I got on well with my parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ... I 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. ... I felt restricted by my parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

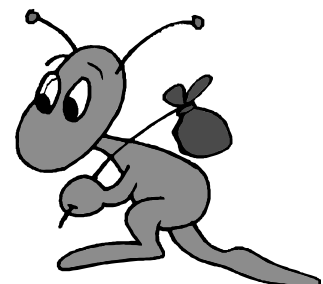
5. ... and then about friends.

<i>During the past week...</i>	never	seldom	some- times	often	all the time
1. ... I did things together with my friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ... I was a "success" with my friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ... I got along well with my friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ... I felt different from other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Last of all, we would like to know something about school.

<i>During the last week in which I was at school...</i>	never	seldom	some- times	often	all the time
1. ... doing the schoolwork was easy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ... I found school interesting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ... I worried about my future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ... I worried about getting bad marks or grades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for helping us!



Quality of Life Questionnaire for Children

Parents' Questionnaire
Kiddy KINDL[®]



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 that fits your child best.

For example:

During the past week ... 	never	seldom	some- times	often	all the time
... my child felt like eating ice-cream.	<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 itself	<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 himself	<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 himself	<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 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 played 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 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 past week ...</i>	never	seldom	some- times	often	all the time
1. ... my child coped well with the assignments set in nursery school/ kindergarten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ... my child enjoyed the nursery school/ kindergarten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ... my child looked forward to nursery school/kindergarten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ... my child made lots of mistakes when doing minor assignments or homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Some important questions

<i>During the past week ...</i>	never	seldom	some- times	often	all the time
1. ... my child was moody and whined a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ... my child had a healthy appetite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ... I managed to show patience and understanding towards my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ... my child felt under pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. ... my child slept soundly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. ... my child romped around and was very active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. ... my child kept bursting into tears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. ... my child was cheerful and in a good mood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. ... my child was alert and able to concentrate well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

During the past week ...	never	seldom	some- times	often	all the time
10. ... my child was easily distracted and absent- minded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. ... my child enjoyed being with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. ... I had to give my child a telling-off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. ... I praised my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. ... my child had problems with teachers, kindergarten staff or other child-minders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. ... my child was nervous and fidgety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. ... my child was lively and energetic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. ... my child complained of being in pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. ... my child was sociable and out- going	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. ... my child succeeded at everything he set out to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. ... my child became dissatisfied easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. ... my child cried bitterly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. ... my child lost his temper quickly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for your co-operation!

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!