



Child Health Questionnaire (Pediatric) Patient

Patient ID ___ - ___ ID ___ - _____

Date of Evaluation: **DOEDATE**

Protocol timepoint (see codes): **TMPT**

Instructions: This questionnaire asks for your views about your health and well-being. This information will keep track of how you feel and how well you are able to do your usual activities. Some questions may look like others, but each one is different. Please read each question carefully and then answer each question as completely and honestly as possible.

Form completed by (check all that apply):

<input type="checkbox"/> Patient	<input type="checkbox"/> Coordinator	<input type="checkbox"/> Interpreter
COMP	COMC	COMI
<input type="checkbox"/> Parent	<input type="checkbox"/> Family member/friend	<input type="checkbox"/> Other
COMT	COMF	COMO

SECTION I: YOUR GLOBAL HEALTH **GH1**

1. In general, would you say **your health** is (check one):

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor

SECTION II: YOUR PHYSICAL ACTIVITIES

1. The following questions ask about physical activities you might do during a day. During the **past 4 weeks**, has it been difficult for you to do the following activities due to health problems? (circle one response for each question)

	Yes, very difficult	Yes, somewhat difficult	Yes, a little difficult	No, not difficult
a. Do things that take a lot of energy, such as playing soccer, running or hiking? LOTENRGY	1	2	3	4
b. Do things that take some energy, such as riding a bike or skating? SOMENRGY	1	2	3	4
c. Walk several blocks or climb several flights of stairs? WLKSEV	1	2	3	4
d. Get around your school, neighborhood, or playground? GETRND	1	2	3	4
e. Walk one block or climb one flight of stairs? WLKONE	1	2	3	4
f. Do your tasks around the house? TASKS	1	2	3	4
g. Bend, lift, or stoop? STOOP	1	2	3	4
h. Eat, dress, bath, or go to the toilet by yourself? HYG	1	2	3	4
i. Get in and out of bed? BED	1	2	3	4



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SECTION III: YOUR EVERYDAY ACTIVITIES

1. During the **past 4 weeks**, has it been difficult to do your school work or usual activities with friends because of problems like **FEELING SAD OR WORRIED?**

Has it been difficult to (circle one response for each question):

	Yes, very difficult	Yes, somewhat difficult	Yes, a little difficult	No, not difficult
a. Do certain KINDS of schoolwork or activities with friends? SADKIND	1	2	3	4
b. Spend the usual AMOUNT of time on schoolwork or activities with friends? SADAMT	1	2	3	4
c. Get schoolwork DONE at all or do any activities with friends? SADDONE	1	2	3	4

2. During the **past 4 weeks**, has it been difficult to do your school work or usual activities with friends because of problems with your **BEHAVIOR?**

Has it been difficult to (circle one response for each question):

	Yes, very difficult	Yes, somewhat difficult	Yes, a little difficult	No, not difficult
a. Do certain KINDS of schoolwork or activities with friends? BEHKIND	1	2	3	4
b. Spend the usual AMOUNT of time on schoolwork or activities with friends? BEHAMT	1	2	3	4
c. Get schoolwork DONE at all or do any activities with friends? BEHDONE	1	2	3	4

3. During the **past 4 weeks**, has it been difficult to do your school work or usual activities with friends because of problems with your **PHYSICAL** health?

Has it been difficult to (circle one response for each question):

	Yes, very difficult	Yes, somewhat difficult	Yes, a little difficult	No, not difficult
a. Do certain KINDS of schoolwork or activities with friends? PHYKIND	1	2	3	4
b. Spend the usual AMOUNT of time on schoolwork or activities with friends? PHYAMT	1	2	3	4
c. Get schoolwork DONE at all or do any activities with friends? PHYDONE	1	2	3	4



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SECTION IV: PAIN

1. During the **past 4 weeks**, how **much** bodily pain or discomfort have you had? (check one) **BDYPN**

- 1 None
- 2 Very mild
- 3 Mild
- 4 Moderate
- 5 Severe
- 6 Very severe

2. During the **past 4 weeks**, how **often** have you had bodily pain or discomfort? (check one) **PNFREQ**

- 1 None of the time
- 2 Once or Twice
- 3 A few times
- 4 Fairly often
- 5 Very often
- 6 Every day or almost every day



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SECTION V: GETTING ALONG/BEHAVIOR

1. Below is a list of items that describe children's behavior or problems they sometimes have. During the **past 4 weeks** how often did each of the following statements describe you? (circle one response for each question)

	Very often	Fairly often	Sometimes	Almost never	Never
a. Acted too young for your age? ACTYNG	1	2	3	4	5
b. Argued? ARGUE	1	2	3	4	5
c. Had a hard time paying attention? ATTN	1	2	3	4	5
d. Did not do what your teacher or parent asked you to do? DISOBEY	1	2	3	4	5
e. Wanted to be alone? ALONE	1	2	3	4	5
f. Lied or cheated? LIE	1	2	3	4	5
g. Had a hard time getting others to like you? OTHLIKE	1	2	3	4	5
h. Felt clumsy? CLMSY	1	2	3	4	5
i. Ran away from home? RUNAWAY	1	2	3	4	5
j. Had speech problems (e.g., stuttering?) SPEECH	1	2	3	4	5
k. Stole things at home? STLHOME	1	2	3	4	5
l. Stole things outside home? STLOUT	1	2	3	4	5
m. Acted mean or moody if you did not get what you wanted? MEAN	1	2	3	4	5
n. Got really mad when you did not get what you wanted? MAD	1	2	3	4	5
o. Found it hard to be with others? WITHOTH	1	2	3	4	5
p. Had a hard time getting along with others? GETALONG	1	2	3	4	5



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2. Compared to other children your age, in general would you say your behavior is (check one): **BEHAV**

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor

SECTION VI: GENERAL WELL-BEING

1. The following phrases are about children's moods and feelings they may have. During the **past 4 weeks**, how much of the time did you (circle one response for each question):

		All of the time	Most of the time	Some of the time	A little of the time	None of the time
a.	Feel sad? FEELSAD	1	2	3	4	5
b.	Feel like crying? CRYING	1	2	3	4	5
c.	Feel afraid or scared? SCARED	1	2	3	4	5
d.	Worry about things? WORRY	1	2	3	4	5
e.	Feel lonely? LONLY	1	2	3	4	5
f.	Feel unhappy? UNHPY	1	2	3	4	5
g.	Feel nervous? NRV	1	2	3	4	5
h.	Feel bothered or upset? UPSET	1	2	3	4	5
i.	Feel happy? HPY	1	2	3	4	5
j.	Feel cheerful? CHEER	1	2	3	4	5
k.	Enjoy the things you do? ENJOY	1	2	3	4	5
l.	Have fun? FUN	1	2	3	4	5
m.	Feel jittery or restless? JTRY	1	2	3	4	5
n.	Have trouble sleeping? TRBSLP	1	2	3	4	5
o.	Have headaches? HDACHES	1	2	3	4	5
p.	Like yourself? LIKESELF	1	2	3	4	5



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SECTION VII: SELF-ESTEEM

1. How do you feel about yourself, school, and others? It may be helpful if you keep in mind how other children your age might feel about these areas. During the **past 4 weeks**, how good or how bad have you felt about (circle one response for each question):

		Very good	Somewhat good	Neither good nor bad	Somewhat badly	Very badly
a.	Yourself? SESELF	1	2	3	4	5
b.	Your school work? SESCHWK	1	2	3	4	5
c.	Your ability to play sports? SESPRT	1	2	3	4	5
d.	Your friendships? SEFRND	1	2	3	4	5
e.	The things you CAN do? SECANDO	1	2	3	4	5
f.	The way you get along with others? SEALONG	1	2	3	4	5
g.	Your body and your looks? SEBODY	1	2	3	4	5
h.	The way you seem to feel most of the time? SEFEEL	1	2	3	4	5
i.	The way you get along with your family? SEFAM	1	2	3	4	5
j.	The way life seems to be for you? SELIFE	1	2	3	4	5
k.	Your ability to be a friend to others? SEFROTH	1	2	3	4	5
l.	The way others seem to feel about you? SEFELO	1	2	3	4	5
m.	Your ability to talk with others? SETALK	1	2	3	4	5
n.	Your health in general? SEHLTH	1	2	3	4	5



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SECTION VIII: YOUR HEALTH

1. The following statements are about health in general. How true or false is the statement for you?
(circle one response for each question)

	Definitely true	Mostly true	Don't know	Mostly false	Definitely false
a. My health is excellent. HLEXC	1	2	3	4	5
b. I was so sick once I thought I might die. SICKDIE	1	2	3	4	5
c. I do not seem to get very sick. NOTSICK	1	2	3	4	5
d. I seem to be less healthy than the kids I know. LESSHLTH	1	2	3	4	5
e. I have never been very, very sick. NVRILL	1	2	3	4	5
f. I always seem to get sick. ALWSICK	1	2	3	4	5
g. I think I will be less healthy when I get older. LHLTHYO	1	2	3	4	5
h. I think I will be very healthy when I get older. VHLTHYO	1	2	3	4	5
i. I never worry about my health. NVRWOR	1	2	3	4	5
j. I think I am healthy now. HLTHYNOW	1	2	3	4	5
k. I think I worry about my health more than other kids my age. HLWORRY	1	2	3	4	5

2. Compared to one year ago, how would you rate your health now: **HL1YR**

- 1 Much better now than 1 year ago
- 2 Somewhat better now than 1 year ago
- 3 About the same now as 1 year ago
- 4 Somewhat worse now than 1 year ago
- 5 Much worse now than 1 year ago



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SECTION IX: YOU AND YOUR FAMILY

1. During the **past 4 weeks**, how often has your health or behavior:

	Very often	Fairly often	Sometimes	Almost never	Never
a. Limited the types of activities you could do as a family? FAMLIM	1	2	3	4	5
b. Interrupted various everyday family activities (eating meals, watching TV)? FAMINT	1	2	3	4	5
c. Limited your ability as a family to “pick up and go” on a moment’s notice? PICKUP	1	2	3	4	5
d. Caused tension or conflict in your home? TENSE	1	2	3	4	5
e. Been a source of disagreements or arguments in your family? ARGSRC	1	2	3	4	5
f. Caused your family to cancel or change plans at the last minute? PLANS	1	2	3	4	5

2. Sometimes families may have difficulty getting along with one another. They do not always agree and they may get angry. In general, how would you rate your family’s ability to get along with one another?

FAMILY

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor