



Child Health Questionnaire (Pediatric) Parent

Patient ID ___ - ___ ID ___ - ___

Date of Evaluation: **DOEDATE**

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

Instructions: This questionnaire asks for your views about your child's health and well-being. This information will keep track of how your child feels and how well your child is able to do his or hers 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"/> Parent	<input type="checkbox"/> Coordinator	<input type="checkbox"/> Interpreter
COMT	COMC	COMI
<input type="checkbox"/> Family member/friend	<input type="checkbox"/> Other	
COMF	COMO	

SECTION I: YOUR CHILD'S GLOBAL HEALTH

1. In general, would you say your child's health is (check one): **GH1**

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

SECTION II: YOUR CHILD'S PHYSICAL ACTIVITIES

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

	Yes, limited a lot	Yes, limited some	Yes, limited a little	No, not limited
a. Doing things that take a lot of energy, such as playing soccer or running? LOTENRG	1	2	3	4
b. Doing things that take some energy, such as riding a bike or skating? SOMENRG	1	2	3	4
c. Ability (physically) to get around the neighborhood, playground, or school? PHYAB	1	2	3	4
d. Walking one block or climbing one flight of stairs? WALKCLMB	1	2	3	4
e. Bending, lifting, or stooping? BEND	1	2	3	4
f. Taking care of him/herself, that is, eating, dressing, bathing, or going to the toilet? CARESELF	1	2	3	4



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SECTION III: YOUR CHILD’S EVERYDAY ACTIVITIES

1. During the **past 4 weeks**, has your child’s school work or activities with friends been limited in any of the following ways due to **EMOTIONAL** difficulties or problems with his/her **BEHAVIOR**?
(circle one response for each question)

	Yes, limited a lot	Yes, limited some	Yes, limited a little	No, not limited a
a. Limited in the KIND of schoolwork or activities with friends he/she could do EMOTKND	1	2	3	4
b. Limited in the AMOUNT of time he/she could spend on schoolwork or activities with friends EMOTAMT	1	2	3	4
c. Limited in PERFORMING schoolwork or activities with friends (it took extra effort) EMOTPERF	1	2	3	4

2. During the **past 4 weeks**, has your child’s school work or activities with friends been limited in any of the following ways due to problems with his/her **PHYSICAL** health?
(circle one response for each question)

	Yes, limited a lot	Yes, limited some	Yes, limited a little	No, not limited
a. Limited in the KIND of schoolwork or activities with friends he/she could do PHKIND	1	2	3	4
b. Limited in the AMOUNT of time he/she could spend on schoolwork or activities with friends PHAMNT	1	2	3	4

SECTION IV: PAIN

1. During the **past 4 weeks**, how **much** bodily pain or discomfort has your child 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** has your child had bodily pain or discomfort? **PNFREQ**

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



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SECTION V: BEHAVIOR

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

		Very often	Fairly often	Sometimes	Almost never	Never
a.	Argued a lot? ARGUE	1	2	3	4	5
b.	Had difficulty concentrating or paying attention? ATTN	1	2	3	4	5
c.	Lied or cheated? LIE	1	2	3	4	5
d.	Stole things inside or outside the home? STEAL	1	2	3	4	5
e.	Had tantrums or a hot temper? TANTRUM	1	2	3	4	5

2. Compared to other children your child’s age, in general would you say his/her behavior is (check one): **BEHAV**

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

SECTION VI: WELL-BEING

1. During the **past 4 weeks**, how much of the time do you think your child (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.	Felt like crying? CRYING	1	2	3	4	5
b.	Felt lonely? LONLY	1	2	3	4	5
c.	Acted nervous? NRV	1	2	3	4	5
d.	Acted bothered or upset? UPSET	1	2	3	4	5
e.	Acted cheerful? CHEER	1	2	3	4	5



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SECTION VII: SELF-ESTEEM

1. The following ask about your child's satisfaction with self, school, and others. It may be helpful if you keep in mind how other children your child's age might feel about these areas. During the **past 4 weeks**, how satisfied do you think your child has felt about (circle one response for each question):

		Very satisfied	Somewhat satisfied	Neither satisfied nor dissatisfied	Somewhat dissatisfied	Very dissatisfied
a.	His/her school ability? SESCH	1	2	3	4	5
b.	His/her athletic ability? SEATH	1	2	3	4	5
c.	His/her friendships? SEFRSHIP	1	2	3	4	5
d.	His/her looks/appearance? SEAPP	1	2	3	4	5
e.	His/her family relationships? SEFREL	1	2	3	4	5
f.	His/her life overall? SELIFE	1	2	3	4	5

SECTION VIII: YOUR CHILD'S HEALTH

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

	Definitely true	Mostly true	Don't know	Mostly false	Definitely false
a. My child seems to be less healthy than other children I know. CHHLTHY	1	2	3	4	5
b. My child has never been seriously ill. CHILL	1	2	3	4	5
c. When there is something going around, my child usually catches it. CHCATCH	1	2	3	4	5
d. I expect my child will have a very healthy life. CHHLIFE	1	2	3	4	5
e. I worry more about my child's health than other people worry about their children's health. CHWORRY	1	2	3	4	5



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2. Compared to one year ago, how would you rate your child's health now (check one): **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

SECTION IX: YOU AND YOUR FAMILY

1. During the **past 4 weeks**, how **MUCH** emotional worry or concern did each of the following cause **YOU**? (circle one response for each question)

		None at all	A little bit	Some	Quite a bit	A lot
a.	Your child's physical health WORRYPH	1	2	3	4	5
b.	Your child's emotional well-being or behavior WORRYEM	1	2	3	4	5
c.	Your child's attention or learning abilities WORRYATT	1	2	3	4	5

2. During the **past 4 weeks**, were you **LIMITED** in the amount of time **YOU** had for your own needs because of (circle one response for each question):

		Yes, limited a lot	Yes, limited some	Yes, limited a little	No, not limited
a.	Your child's physical health? TIMEPH	1	2	3	4
b.	Your child's emotional well-being or behavior? TIMEEM	1	2	3	4
c.	Your child's attention or learning abilities? TIMEATT	1	2	3	4



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3. During the **past 4 weeks**, how often has your child's health or behavior (circle one response for each question):

	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 you to cancel or change plans (personal or work) at the last minute? PLANS	1	2	3	4	5

4. 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? (check one) **FAMILY**

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