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## Child Health Questionnaire (Pediatric) Patient

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### **General Instructions**

The Child Health Questionnaire (CHQ) is designed to measure the patient's quality of life through questions related to physical activities and emotional health. This form is to be completed by patients who are at least 10 years of age and have never received treatment for hepatitis B prior to enrollment in the Cohort Study. This form is completed at the Baseline visit and the annual follow-up visits, at weeks 48, 96, 144, 192, 240, and 288.

The questionnaire is self-explanatory and the patient should be asked to complete it without additional instructions or assistance. The clinical coordinator should not attempt to interpret, elaborate upon, or rephrase questions. If the patient asks for assistance from the clinical coordinator, the coordinator should encourage the patient to do his/her best to complete the form on his/her own.

For patients that are not able to read English, the form will not be completed.

The questionnaire is designed to be completed on-line via the HBRN web-based system. If completed on-line, the coordinator will initialize the session for the patient. The patient will complete the questionnaire and then turn the session over to the coordinator. The coordinator will have the opportunity to review incomplete items with the patient before exiting the session. If the questionnaire is completed on paper, be sure to review the questionnaire for completeness while the patient is still present.

### **Specific Instructions**

**Patient ID:** Record the Patient ID in the top right hand corner.

**Date of Evaluation:** Record the date (month/day/year) that the patient completed the questionnaire.

**Protocol timepoint:** Record the protocol timepoint that corresponds to the visit.

**Form completed by:** If the patient is unable to understand the questions because of educational or cultural difficulties, help may be provided by the patient's next of kin or friend. In these situations the person helping the patient can read the questions to the patient and record the answers, or supply the answers to the best of his/her knowledge.

Check each box to indicate who completed the form (patient, coordinator, interpreter, parent/caregiver, family member/friend or other).

This questionnaire asks the patient's views about his/her health and well-being. The questions ask how the patient views his/her emotional status, behavior, health and ability to perform usual activities. A response should be recorded for each question.