



## Child Health Questionnaire (Pediatric)

### Parent

#### **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 completed by the parent/caregiver of patients 5 years of age to less than 10 years of age who have never received treatment for hepatitis B prior to enrollment into 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 parent/caregiver 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 parent/caregiver asks for assistance from the clinical coordinator, the coordinator should encourage the parent/caregiver to do his/her best to complete the form on his/her own.

For parents/caregivers that are not able to read English, the questionnaire 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 parent/caregiver. The parent/caregiver 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 parent/caregiver before exiting the session. If the questionnaire is completed on paper, be sure to review the questionnaire for completeness while the parent/caregiver 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 parent/caregiver is unable to understand the questions because of educational or cultural difficulties, help may be provided by the parent/caregiver's next of kin or friend. In these situations the person helping the parent/caregiver can read the questions to the parent/caregiver and record the answers, or supply the answers to the best of his/her knowledge.

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

The same parent/guardian should be asked to complete the form at each timepoint throughout the course of the study. Make the parent/guardian aware of this prior to patient enrollment in the study.

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