



## KIDSCREEN-27

Health Questionnaire for Children and Young People

Child and Adolescent Version

8 to 18 Years

Date: \_\_\_\_\_  
Month Year

Hello,

How are you? How do you feel? This is what we would like you to tell us.

Please read every question carefully. What answer comes to your mind first? Choose the box that fits your answer best and cross it.

Remember: This is not a test so there are no wrong answers. It is important that you answer all the questions and also that we can see your marks clearly. When you think of your answer please try to remember the last week.

You do not have to show your answers to anybody. Also, nobody who knows you will look at your questionnaire once you have finished it.

# 1. Physical Activities and Health

1.

**In general, how would you say your health is?**

- ☐ excellent
- ☐ very good
- ☐ good
- ☐ fair
- ☐ poor

**Thinking about the last week...**

	not at all	slightly	moderately	very	extremely
2. Have you felt fit and well?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Have you been physically active (e. g. running, climbing, biking)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Have you been able to run well?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Thinking about the last week...**

	never	seldom	quite often	very often	always
5. Have you felt full of energy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# 2. General Mood and Feelings about Yourself

**Thinking about the last week...**

	not at all	slightly	moderately	very	extremely
1. Has your life been enjoyable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Thinking about the last week...**

	never	seldom	quite often	very often	always
2. Have you been in a good mood?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Have you had fun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Thinking about the last week...**

	never	seldom	quite often	very often	always
4. Have you felt sad?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Have you felt so bad that you didn't want to do anything?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Have you felt lonely?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Have you been happy with the way you are?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 3. Family and Free Time

**Thinking about the last week...**

	never	seldom	quite often	very often	always
1. Have you had enough time for yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Have you been able to do the things that you want to do in your free time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Have your parent(s) had enough time for you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Have your parent(s) treated you fairly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Have you been able to talk to your parent(s) when you wanted to?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Have you had enough money to do the same things as your friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Have you had enough money for your expenses?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 4. Friends

Thinking about the last week...

	never	seldom	quite often	very often	always
1. Have you spent time with your friends?	never <input type="radio"/>	seldom <input type="radio"/>	quite often <input type="radio"/>	very often <input type="radio"/>	always <input type="radio"/>
2. Have you had fun with your friends?	never <input type="radio"/>	seldom <input type="radio"/>	quite often <input type="radio"/>	very often <input type="radio"/>	Always <input type="radio"/>
3. Have you and your friends helped each other?	never <input type="radio"/>	seldom <input type="radio"/>	quite often <input type="radio"/>	very often <input type="radio"/>	always <input type="radio"/>
4. Have you been able to rely on your friends?	never <input type="radio"/>	seldom <input type="radio"/>	quite often <input type="radio"/>	very often <input type="radio"/>	always <input type="radio"/>

## 5. School and Learning

Thinking about the last week...

	not at all	slightly	moderately	very	extremely
1. Have you been happy at school?	not at all <input type="radio"/>	slightly <input type="radio"/>	moderately <input type="radio"/>	very <input type="radio"/>	extremely <input type="radio"/>
2. Have you got on well at school?	not at all <input type="radio"/>	slightly <input type="radio"/>	moderately <input type="radio"/>	very <input type="radio"/>	extremely <input type="radio"/>

Thinking about the last week...

	never	seldom	quite often	very often	always
3. Have you been able to pay attention?	never <input type="radio"/>	seldom <input type="radio"/>	quite often <input type="radio"/>	very often <input type="radio"/>	always <input type="radio"/>
4. Have you got along well with your teachers?	never <input type="radio"/>	seldom <input type="radio"/>	quite often <input type="radio"/>	very often <input type="radio"/>	always <input type="radio"/>