



## KIDSCREEN-27

Health Questionnaire for Children and Young People

Parent Version

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

Dear Parents,

How is your child? How does she/he feel? This is what we would like to know from you.

Please answer the following questions to the best of your knowledge, ensuring that the answers you give reflect the perspective of your child. Please try to remember your child's experiences over the last week...

# 1. Physical Activities and Health

In general, how would your child rate her/his health?

1.

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

Thinking about the last week ...

2. Has your child felt fit and well?

not at all      slightly      moderately      very      extremely

not at all      slightly      moderately      very      extremely

☐      ☐      ☐      ☐      ☐

3. Has your child been physically active (e.g. running, climbing, biking)?

not at all      slightly      moderately      very      extremely

☐      ☐      ☐      ☐      ☐

4. Has your child been able to run well?

not at all      slightly      moderately      very      extremely

☐      ☐      ☐      ☐      ☐

Thinking about the last week ...

5. Has your child felt full of energy?

never      seldom      quite often      very often      always

never      seldom      quite often      very often      always

☐      ☐      ☐      ☐      ☐

# 2. General Mood and Your Child's Feelings

Thinking about the last week...

1. Has your child felt that life was enjoyable?

not at all      slightly      moderately      very      extremely

not at all      slightly      moderately      very      extremely

☐      ☐      ☐      ☐      ☐

Thinking about the last week...

2. Has your child been in a good mood?

never      seldom      quite often      very often      always

never      seldom      quite often      very often      always

☐      ☐      ☐      ☐      ☐

3. Has your child had fun?

never      seldom      quite often      very often      always

☐      ☐      ☐      ☐      ☐

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

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

### 3. Family and Your Child's Free Time

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

	never	seldom	quite often	very often	always
1. Has your child had enough time for him/herself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Has your child been able to do the things that he/she wants to do in his/her free time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Has your child felt that his/her parent(s) had enough time for him/her?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Has your child felt that his/her parent(s) treated him/her fairly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Has your child been able to talk to his/her parent(s) when he/she wanted to?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Has your child had enough money to do the same things as his/her friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Has your child felt that he/she had enough money for his/her 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. Has your child spent time with his/her friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Has your child had fun with his/her friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Have your child and his/her friends helped each other?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Has your child been able to rely on his/her friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 5. School and Learning

Thinking about the last week...

	not at all	slightly	moderately	very	extremely
1. Has your child been happy at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Has your child got on well at school?	<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
3. Has your child been able to pay attention?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Has your child got along well with his/her teachers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>