



**KIDSCREEN-52**

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

1.

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

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

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

	not at all	slightly	moderately	very	extremely
2. Has your child felt fit and well?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Has your child been physically active (e.g. running, climbing, biking)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Has your child 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. Has your child felt full of energy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# 2. Feelings

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

	not at all	slightly	moderately	very	extremely
1. Has your child felt that life was enjoyable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Has your child felt pleased that he/she is alive?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Has your child felt satisfied with his/her life?	<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. Has your child been in a good mood?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Has your child felt cheerful?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Has your child had fun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 3. General Mood

Thinking about the last week ...

	never	seldom	quite often	very often	always
1. Has your child felt that he/she does everything badly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Has your child felt sad?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. 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"/>
4. Has your child felt that everything in his/her life goes wrong?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Has your child felt fed up?	<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 felt under pressure?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 4. About Your Child

Thinking about the last week ...		never	seldom	quite often	very often	always
1.	Has your child been happy with the way he/she is?	never <input type="radio"/>	seldom <input type="radio"/>	quite often <input type="radio"/>	very often <input type="radio"/>	always <input type="radio"/>
2.	Has your child been happy with his/her clothes?	never <input type="radio"/>	seldom <input type="radio"/>	quite often <input type="radio"/>	very often <input type="radio"/>	always <input type="radio"/>
3.	Has your child been worried about the way he/she looks?	never <input type="radio"/>	seldom <input type="radio"/>	quite often <input type="radio"/>	very often <input type="radio"/>	always <input type="radio"/>
4.	Has your child felt jealous of the way other girls and boys look?	never <input type="radio"/>	seldom <input type="radio"/>	quite often <input type="radio"/>	very often <input type="radio"/>	always <input type="radio"/>
5.	Has your child wanted to change something about his/her body?	never <input type="radio"/>	seldom <input type="radio"/>	quite often <input type="radio"/>	very often <input type="radio"/>	always <input type="radio"/>

## 5. Free Time

Thinking about the last week ...		never	seldom	quite often	very often	always
1.	Has your child had enough time for him/herself?	never <input type="radio"/>	seldom <input type="radio"/>	quite often <input type="radio"/>	very often <input type="radio"/>	always <input type="radio"/>
2.	Has your child been able to do the things that he/she wants to do in his/her free time?	never <input type="radio"/>	seldom <input type="radio"/>	quite often <input type="radio"/>	very often <input type="radio"/>	always <input type="radio"/>
3.	Has your child had enough opportunity to be outside?	never <input type="radio"/>	seldom <input type="radio"/>	quite often <input type="radio"/>	very often <input type="radio"/>	always <input type="radio"/>
4.	Has your child had enough time to meet friends?	never <input type="radio"/>	seldom <input type="radio"/>	quite often <input type="radio"/>	very often <input type="radio"/>	always <input type="radio"/>
5.	Has your child been able to choose what to do in his/her free time?	never <input type="radio"/>	seldom <input type="radio"/>	quite often <input type="radio"/>	very often <input type="radio"/>	always <input type="radio"/>

## 6. Family, and Home Life

Thinking about the last week ...		not at all	slightly	moderately	very	extremely
1.	Has your child felt understood by his/her parent(s)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	Has your child felt loved by his/her parent(s)?	<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 happy at home?	<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) had enough time for him/her?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	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"/>
6.	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"/>

## 7. Money matters

Thinking about the last week ...

		never	seldom	quite often	very often	always
1.	Has your child had enough money to do the same things as his/her friends?	never <input type="radio"/>	seldom <input type="radio"/>	quite often <input type="radio"/>	very often <input type="radio"/>	always <input type="radio"/>
2.	Has your child felt that he/she had enough money for his/her expenses?	never <input type="radio"/>	seldom <input type="radio"/>	quite often <input type="radio"/>	very often <input type="radio"/>	always <input type="radio"/>

Thinking about the last week ...

		not at all	slightly	moderately	very	extremely
3.	Does your child feel that he/she has enough money to do things with his/her friends?	not at all <input type="radio"/>	slightly <input type="radio"/>	moderately <input type="radio"/>	very <input type="radio"/>	extremely <input type="radio"/>

## 8. Friends

Thinking about the last week ...

		never	seldom	quite often	very often	always
1.	Has your child spent time with his/her friends?	never <input type="radio"/>	seldom <input type="radio"/>	quite often <input type="radio"/>	very often <input type="radio"/>	always <input type="radio"/>
2.	Has your child done things with other girls and boys?	never <input type="radio"/>	seldom <input type="radio"/>	quite often <input type="radio"/>	very often <input type="radio"/>	always <input type="radio"/>
3.	Has your child had fun with his/her friends?	never <input type="radio"/>	seldom <input type="radio"/>	quite often <input type="radio"/>	very often <input type="radio"/>	always <input type="radio"/>
4.	Have your child and his/her 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"/>
5.	Has your child been able to talk about everything with his/her friends?	never <input type="radio"/>	seldom <input type="radio"/>	quite often <input type="radio"/>	very often <input type="radio"/>	always <input type="radio"/>
6.	Has your child been able to rely on his/her friends?	never <input type="radio"/>	seldom <input type="radio"/>	quite often <input type="radio"/>	very often <input type="radio"/>	always <input type="radio"/>

## 9. 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"/>
3. Has your child been satisfied with his/her teachers?	<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. Has your child been able to pay attention?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Has your child enjoyed going to school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. 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"/>

## 10. Bullying

Thinking about the last week ...

	never	seldom	quite often	very often	always
1. Has your child been afraid of other girls and boys?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Have other girls and boys made fun of your child?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Have other girls and boys bullied your child?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>