



KIDSCREEN-52

Health Questionnaire for Children and Young People

Parent Version
English (US)

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 ...

2.

Has your child felt physically 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

☐

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☐

☐

☐

4.

Has your child been able to run well?

not at all slightly moderately very extremely

☐

☐

☐

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☐

Thinking about the last week ...

5.

Has your child felt full of energy?

never almost never sometimes almost always always

never almost never sometimes almost always always

☐

☐

☐

☐

☐

2. 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

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☐

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☐

☐

2.

Has your child felt pleased that he/she is alive?

not at all slightly moderately very extremely

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☐

3.

Has your child felt satisfied with his/her life?

not at all slightly moderately very extremely

☐

☐

☐

☐

☐

Thinking about the last week ...

	never	almost never	sometimes	almost always	always
4. Has your child been in a good mood?	never <input type="radio"/>	almost never <input type="radio"/>	sometimes <input type="radio"/>	almost always <input type="radio"/>	always <input type="radio"/>
5. Has your child felt cheerful?	never <input type="radio"/>	almost never <input type="radio"/>	sometimes <input type="radio"/>	almost always <input type="radio"/>	always <input type="radio"/>
6. Has your child had fun?	never <input type="radio"/>	almost never <input type="radio"/>	sometimes <input type="radio"/>	almost always <input type="radio"/>	always <input type="radio"/>

3. General Mood

Thinking about the last week ...

	never	almost never	sometimes	almost always	always
1. Has your child felt that he/she does everything badly?	never <input type="radio"/>	almost never <input type="radio"/>	sometimes <input type="radio"/>	almost always <input type="radio"/>	always <input type="radio"/>
2. Has your child felt sad?	never <input type="radio"/>	almost never <input type="radio"/>	sometimes <input type="radio"/>	almost always <input type="radio"/>	always <input type="radio"/>
3. Has your child felt so bad that he/she didn't want to do anything?	never <input type="radio"/>	almost never <input type="radio"/>	sometimes <input type="radio"/>	almost always <input type="radio"/>	always <input type="radio"/>
4. Has your child felt that everything in his/her life goes wrong?	never <input type="radio"/>	almost never <input type="radio"/>	sometimes <input type="radio"/>	almost always <input type="radio"/>	always <input type="radio"/>
5. Has your child felt fed up?	never <input type="radio"/>	almost never <input type="radio"/>	sometimes <input type="radio"/>	almost always <input type="radio"/>	always <input type="radio"/>
6. Has your child felt lonely?	never <input type="radio"/>	almost never <input type="radio"/>	sometimes <input type="radio"/>	almost always <input type="radio"/>	always <input type="radio"/>
7. Has your child felt under pressure?	never <input type="radio"/>	almost never <input type="radio"/>	sometimes <input type="radio"/>	almost always <input type="radio"/>	always <input type="radio"/>

4. About Your Child

Thinking about the last week ...		never	almost never	sometimes	almost always	always
1.	Has your child been happy with the way he/she is?	never <input type="radio"/>	almost never <input type="radio"/>	sometimes <input type="radio"/>	almost always <input type="radio"/>	always <input type="radio"/>
2.	Has your child been happy with his/her clothes?	never <input type="radio"/>	almost never <input type="radio"/>	sometimes <input type="radio"/>	almost always <input type="radio"/>	always <input type="radio"/>
3.	Has your child been worried about the way he/she looks?	never <input type="radio"/>	almost never <input type="radio"/>	sometimes <input type="radio"/>	almost always <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"/>	almost never <input type="radio"/>	sometimes <input type="radio"/>	almost always <input type="radio"/>	always <input type="radio"/>
5.	Has your child wanted to change something about his/her body?	never <input type="radio"/>	almost never <input type="radio"/>	sometimes <input type="radio"/>	almost always <input type="radio"/>	always <input type="radio"/>

5. Free Time

Thinking about the last week ...		never	almost never	sometimes	almost always	always
1.	Has your child had enough time for him/herself?	never <input type="radio"/>	almost never <input type="radio"/>	sometimes <input type="radio"/>	almost always <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"/>	almost never <input type="radio"/>	sometimes <input type="radio"/>	almost always <input type="radio"/>	always <input type="radio"/>
3.	Has your child had enough opportunity to be outside?	never <input type="radio"/>	almost never <input type="radio"/>	sometimes <input type="radio"/>	almost always <input type="radio"/>	always <input type="radio"/>
4.	Has your child had enough time to meet friends?	never <input type="radio"/>	almost never <input type="radio"/>	sometimes <input type="radio"/>	almost always <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"/>	almost never <input type="radio"/>	sometimes <input type="radio"/>	almost always <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	almost never	sometimes	almost always	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	almost never	sometimes	almost always	always
1.	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"/>
2.	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"/>

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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Friends

Thinking about the last week ...

		never	almost never	sometimes	almost always	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 done things with other girls and boys?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	Has your child had fun with his/her friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	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"/>
5.	Has your child been able to talk about everything with his/her friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	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"/>

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	almost never	sometimes	almost always	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	almost never	sometimes	almost always	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"/>