



KIDSCREEN-10 Index

Health Questionnaire for Children and Young People

Child and Adolescent Version
8 to 18 Years
English (US)

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.

About Your Health

Thinking about the last week...

1. Have you physically felt fit and well?	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 felt full of energy?	never <input type="radio"/>	almost never <input type="radio"/>	sometimes <input type="radio"/>	almost always <input type="radio"/>	always <input type="radio"/>
3. Have you felt sad?	never <input type="radio"/>	almost never <input type="radio"/>	sometimes <input type="radio"/>	almost always <input type="radio"/>	always <input type="radio"/>
4. Have you felt lonely?	never <input type="radio"/>	almost never <input type="radio"/>	sometimes <input type="radio"/>	almost always <input type="radio"/>	always <input type="radio"/>
5. Have you had enough time for yourself?	never <input type="radio"/>	almost never <input type="radio"/>	sometimes <input type="radio"/>	almost always <input type="radio"/>	always <input type="radio"/>
6. Have you been able to do the things that you want to do in your free time?	never <input type="radio"/>	almost never <input type="radio"/>	sometimes <input type="radio"/>	almost always <input type="radio"/>	always <input type="radio"/>
7. Have your parent(s) treated you fairly?	never <input type="radio"/>	almost never <input type="radio"/>	sometimes <input type="radio"/>	almost always <input type="radio"/>	always <input type="radio"/>
8. Have you had fun with your friends?	never <input type="radio"/>	almost never <input type="radio"/>	sometimes <input type="radio"/>	almost always <input type="radio"/>	always <input type="radio"/>
9. 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"/>
10. Have you been able to pay attention?	never <input type="radio"/>	almost never <input type="radio"/>	sometimes <input type="radio"/>	almost always <input type="radio"/>	always <input type="radio"/>

In general, how would you say your health is?

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