



KIDSCREEN-10 Index

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...

About Your Child's Health

Thinking about the last week...

1.	Has your child felt physically 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.	Has your child 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.	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"/>
4.	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"/>
5.	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"/>
6.	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"/>
7.	Has your child felt that his/her parent(s) treated him/her fairly?	never <input type="radio"/>	almost never <input type="radio"/>	sometimes <input type="radio"/>	almost always <input type="radio"/>	always <input type="radio"/>
8.	Has your child had fun with his/her friends?	never <input type="radio"/>	almost never <input type="radio"/>	sometimes <input type="radio"/>	almost always <input type="radio"/>	always <input type="radio"/>
9.	Has your child 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.	Has your child 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 your child rate her/his health?

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