

Section A: KEY IDENTIFYING INFORMATION

ENGSPANQ	A0. Was questionnaire completed in English or Spanish?
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<Created var> CHQ Scoring Variables

ggh_item	<created var> Child: Global Health Item (B1)
pf_scale	<created var> Child: Physical functioning Scale (C1)
re_scale	<created var> Child: Role/Social Limits - Emotional Scale (D1)
rb_scale	<created var> Child: Role/Social Limits - Behavioral Scale (D2)
rp_scale	<created var> Child: Role/Social Limits - Physical Scale (D3)
bp_scale	<created var> Child: Bodily Pain Scale (E1,E2)
be_scale	<created var> Child: Behavior Scale (F1,F2)
gbe_item	<created var> Child: Global Behavior Item (F2)
mh_scale	<created var> Child: Mental Health Scale (G1)
se_scale	<created var> Child: Self Esteem Scale (H1)
gh_scale	<created var> Child: General Health Perceptions Scale (I1,B1)
ch_item	<created var> Child: Change in Health Item (I2)
fa_scale	<created var> Child: Family Activities Scale (J1)
fc_item	<created var> Child: Family Cohesion Item (J2)

A1. Study Identification Number _____ - _____ - _____
 Affix Study Label after questionnaire is completed.

Replaced by blinded subject ID

subj_id	Blinded subject ID
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Blinded site ID <created var>

site_id	Blinded site ID
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A2. Date of form completion _____ / _____ / _____
 M M D D Y Y Y Y

Replaced by age

COMP_AGE	<created var> Age (yrs) of the subject at A2. Date of form completion
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enroll_age	<created var> Age (yrs) at enrollment: enrollment date (F02B, A3) - DOB (F02A, A3)
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A3. Was the form completed during a study visit? YES..... 1
 NO..... 2

FORMCOMP	A3. Was form completed during a study visit?
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CHILD SELF-REPORT FORM**I N S T R U C T I O N S:**

1. **USE THIS QUESTIONNAIRE FOR CHILDREN 10 TO LESS THAN 19 YEARS OLD.**
2. This questionnaire asks about your health and well-being. Your individual answers will not be shared with anyone.
3. If you choose not to participate, it will not affect the care you receive.
4. Answer by circling the appropriate number for each question.
5. Certain questions may look alike, but each one is different. Some questions ask about problems you may not have. That is great, but it is important for us to know that you have not had these problems. Please answer each question.
6. There are no right or wrong answers. If you are unsure how to answer a question, please give the best answer you can and make a comment in the margin.
7. All comments will be read, so please feel free to make as many as you wish.

Child Health Questionnaire – Child Self-Report Form 87 (CHQ-CF87)
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Section B: YOUR GLOBAL HEALTH

B1. In general, would you say your health is:

EXCELLENT 1

VERY GOOD 2

GOOD..... 3

FAIR 4

POOR..... 5

GEN_HLTH	B1. In general, would you say your health is:
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Section C: YOUR PHYSICAL ACTIVITIES

The following questions ask about physical activities you might do during a day.

C1. During the past 4 weeks, has it been difficult for you to do the following activities due to health problems?

	YES, VERY DIFFICULT	YES, SOME- WHAT DIFFICULT	YES, A LITTLE DIFFICULT	NO, NOT DIFFICULT
a. Do things that take a lot of energy, such as playing soccer, running or hiking?	1	2	3	4
b. Do things that take some energy such as riding a bike or skating?	1	2	3	4
c. Walk several blocks or climb several flights of stairs?	1	2	3	4
d. Get around your school neighborhood, or playground?	1	2	3	4
e. Walk one block or climb one flight of stairs?	1	2	3	4
f. Do your tasks around the house?	1	2	3	4
g. Bend, lift or stoop?	1	2	3	4
h. Eat, dress, bath or go to the toilet by yourself?	1	2	3	4
i. Get in and out of bed?	1	2	3	4

LOTENERGY	C1a. Do things that take a lot of energy
SOMENERGY	C1b. Do things that take some energy
STAIRS	C1c. Walk several blocks or climb several flights of stairs
GETAROUND	C1d. Get around your school neighborhood
WALKING	C1e. Walk one block or climb one flight of stairs
TASKS	C1f. Do your tasks around the house
BENDING	C1g. Bend, lift or stoop
DRESS	C1h. Eat, dress, bath or go to toilet
BED	C1i. Get in and out of bed

Section D: YOUR EVERYDAY ACTIVITIES

D1. During the past 4 weeks, has it been difficult to do your schoolwork or usual activities with friends because of problems like FEELING SAD OR WORRIED?

Has it been difficult to:

	YES, VERY DIFFICULT	YES, SOME- WHAT DIFFICULT	YES, A LITTLE DIFFICULT	NO, NOT DIFFICULT
a. Do certain KINDS of schoolwork or activities with friends?	1	2	3	4
b. Spend the usual AMOUNT of time on schoolwork or activities with friends?	1	2	3	4
c. Get schoolwork DONE at all or do any activities with friends?	1	2	3	4

SCHLKND1	D1a. Do certain KINDS of schoolwork or activities with friends
SCHLAMT1	D1b. Spend the usual AMOUNT of time on schoolwork or acti
SCHLDNE1	D1c. Get schoolwork DONE at all or do any activities with fri

D2. During the past 4 weeks, has it been difficult to do your schoolwork or usual activities with friends because of problems with your BEHAVIOR?

Has it been difficult to:

	YES, VERY DIFFICULT	YES, SOME- WHAT DIFFICULT	YES, A LITTLE DIFFICULT	NO, NOT DIFFICULT
a. Do certain KINDS of schoolwork or activities with friends?	1	2	3	4

b. Spend the usual AMOUNT of time on schoolwork or activities with friends?	1	2	3	4
c. Get schoolwork DONE at all or do any activities with friends?	1	2	3	4

SCHLKND2	D2a. Do certain KINDS of schoolwork or activities with friends
SCHLAMT2	D2b. Spend the usual AMOUNT of time on schoolwork w/friends
SCHLDNE2	D2c. Get schoolwork DONE at all or do any activities with friends

D3. During the past 4 weeks, has it been difficult to do your schoolwork or usual activities with friends because of problems with your PHYSICAL health?

Has it been difficult to:

	YES, VERY DIFFICULT	YES, SOME- WHAT DIFFICULT	YES, A LITTLE DIFFICULT	NO, NOT DIFFICULT
a. Do certain KINDS of schoolwork or activities with friends?	1	2	3	4
b. Spend the usual AMOUNT of time on schoolwork or activities with friends?	1	2	3	4
c. Get schoolwork DONE at all or do any activities with friends?	1	2	3	4

SCHLKND3	D3a. Do certain KINDS of schoolwork or activities with friends
SCHLAMT3	D3b. Spend the usual AMOUNT of time on schoolwork w/friends
SCHLDNE3	D3c. Get schoolwork DONE at all or do any activities with friends

Section E: PAIN

E1. During the past 4 weeks, how much bodily pain or discomfort have you had?

NONE.....1

VERY MILD.....2

MILD.....3

MODERATE.....4

SEVERE.....5

VERY SEVERE.....6

HMUCH_PAIN	E1. During past 4 weeks, how much bodily pain have you had?
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E2. During the past 4 weeks, how often have you had bodily pain or discomfort ?

NONE OF THE TIME.....1

ONCE OR TWICE.....2

A FEW TIMES3

FAIRLY OFTEN4

VERY OFTEN.....5

EVERY DAY OR ALMOST EVERY DAY6

HOFTEN_PAIN

E2. During past 4 weeks, how often have you had bodily pain?

Section F: GETTING ALONG

Below is a list of items that describe children's behavior or problems they sometimes have.

F1. During the past 4 weeks, how often did each of the following statements describe you?

	VERY OFTEN	FAIRLY OFTEN	SOME- TIMES	ALMOST NEVER	NEVER
a. Acted too young for age?	1	2	3	4	5
b. Argued?	1	2	3	4	5
c. Had a hard time paying attention?	1	2	3	4	5
d. Did not do what your teacher or parent asked you to do?	1	2	3	4	5
e. Wanted to be alone?	1	2	3	4	5
f. Lied or cheated?	1	2	3	4	5
g. Had a hard time getting others to like you?	1	2	3	4	5
h. Felt clumsy?	1	2	3	4	5
i. Ran away from home?	1	2	3	4	5
j. Had speech problems (e.g., stuttering)?	1	2	3	4	5
k. Stole things at home?	1	2	3	4	5
l. Stole things outside home?	1	2	3	4	5
m. Acted mean or moody if you did not get what you wanted?	1	2	3	4	5
n. Got really mad when you did not get what you wanted?	1	2	3	4	5
o. Found it hard to be with others?	1	2	3	4	5
p. Had a hard time getting along with others?	1	2	3	4	5

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TOOYOUNG	F1a. Acted too young for age
ARGUED	F1b. Argued
DIF_CONCNT	F1c. Had a hard time paying attention
DIDNTDO	F1d. Did not do what teacher or parent asked
ALONE	F1e. Wanted to be alone
LIED	F1f. Lied or cheated
LIKEYOU	F1g. Had a hard time getting others to like you
CLUMSY	F1h. Felt clumsy
RANAWAY	F1i. Ran away from home
SPEECHPROB	F1j. Had speech problems
STOLE_IN	F1k. Stole things at home
STOLE_OUT	F1l. Stole things outside home
MOODY	F1m. Acted mean or moody if you didn't get what you wanted
GOTMAD	F1n. Got really mad when you didn't get what you wanted
HARD_TOBE	F1o. Found it hard to be with others
HARD_ALONG	F1p. Had hard time getting along with others

F2. Compared to other children your age, in general would you say your behavior is

EXCELLENT..... 1

VERY GOOD..... 2

GOOD..... 3

FAIR 4

POOR..... 5

GEN_BEHV	F2. Compared to other children, would you say your behavior is:
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Section G: GENERAL WELL-BEING

The following phrases are about children's moods and feelings they may have.

G1. During the past 4 weeks, how much of the time did you

	ALL OF THE TIME	MOST OF THE TIME	SOME OF THE TIME	A LITTLE OF THE TIME	NONE OF THE TIME
a. Feel sad?	1	2	3	4	5
b. Feel like crying?	1	2	3	4	5
c. Feel afraid or scared?	1	2	3	4	5
d. Worry about things?	1	2	3	4	5
e. Feel lonely?	1	2	3	4	5
f. Feel unhappy?	1	2	3	4	5

g. Feel nervous?	1	2	3	4	5
h. Feel bothered or upset?	1	2	3	4	5
i. Feel happy?	1	2	3	4	5
J. Feel cheerful?	1	2	3	4	5
k. Enjoy the things you do?	1	2	3	4	5
l. Have fun?	1	2	3	4	5
m. Feel jittery or restless?	1	2	3	4	5
n. Have trouble sleeping?	1	2	3	4	5
o. Have headaches?	1	2	3	4	5
p. Like yourself?	1	2	3	4	5

SAD	G1a. Feel sad
CRYING	G1b. Feel like crying
AFRAID	G1c. Feel afraid or scared
WORRY	G1d. Worry about things
LONELY	G1e. Feel lonely
UNHAPPY	G1f. Feel unhappy
NERVOUS	G1g. Feel nervous
UPSET	G1h. Feel bothered or upset
HAPPY	G1i. Feel happy
CHEERFUL	G1j. Feel cheerful
ENJOY	G1k. Enjoy the things you do
HAVE_FUN	G1l. Have fun
RESTLESS	G1m. Feel jittery or restless
TRBL_SLEEP	G1n. Have trouble sleeping
HEADACHE	G1o. Have headaches
LIKE_SELF	G1p. Like yourself

Section H: SELF-ESTEEM

How do you feel about yourself, school, and others? It may be helpful if you keep in mind how other children your age might feel about these areas.

H1. During the past 4 weeks, how good or bad have you felt about

	VERY GOOD	SOME- WHAT GOOD	NEITHER GOOD NOR BAD	SOME- WHAT BADLY	VERY BADLY
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a. Yourself?	1	2	3	4	5
b. Your school work?	1	2	3	4	5
c. Your ability to play sports?	1	2	3	4	5
d. Your friendships?	1	2	3	4	5
e. The things that you CAN do?	1	2	3	4	5
f. The way you get along with others?	1	2	3	4	5
g. Your body and your looks?	1	2	3	4	5
h. The way you seem to feel most of the time?	1	2	3	4	5
i. The way you get along with your family?	1	2	3	4	5
j. The way life seems to be for you?	1	2	3	4	5
k. Your ability to be a friend to others?	1	2	3	4	5
l. The way others seem to feel about you?	1	2	3	4	5
m. Your ability to talk with others?	1	2	3	4	5
n. Your health in general?	1	2	3	4	5

YOURSELF	H1a. Yourself
SCHOOL_WRK	H1b. Your school work
SPORTS	H1c. Your ability to play sports
FRIENDSHIP	H1d. Your friendships
CAN_DO	H1e. The things that you CAN do
ALONG_OTH	H1f. The way you get along with others
BODY_LOOKS	H1g. Your body and your looks
FEEL	H1h. The way you seem to feel most of the time
ALONG_FAM	H1i. The way you get along with family
LIFE	H1j. The way life seems to be for you
FRIEND_OTH	H1k. Your ability to be a friend to others

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OTH_FEEL	H1l. The way others seem to feel about you
TALK_OTH	H1m. Your ability to talk with others
HEALTH_GEN	H1n. Your health in general

Section I: YOUR HEALTH

The following statements are about health in general.

I1. How true or false is the statement for you?

	DEFINITELY TRUE	MOSTLY TRUE	DON'T KNOW	MOSTLY FALSE	DEFINITELY FALSE
a. My health is excellent.	1	2	3	4	5
b. I was so sick once I thought I might die.	1	2	3	4	5
c. I do not seem to get very sick.	1	2	3	4	5
d. I seem to be less healthy than other kids I know.	1	2	3	4	5
e. I have never been very, very sick.	1	2	3	4	5
f. I <u>always</u> seem to get sick.	1	2	3	4	5
g. I think I will be less healthy when I get older.	1	2	3	4	5
h. I think I will be very healthy when I get older.	1	2	3	4	5
i. I never worry about my health.	1	2	3	4	5
j. I think I am healthy now.	1	2	3	4	5
k. I think I worry about my health more than other kids my age.	1	2	3	4	5

HLTHEXCLT	I1a. My health is excellent.
SICKDIE	I1b. I was so sick once I thought I might die.
NOTSICK	I1c. I do not seem to get very sick.
HLTHLESS	I1d. I seem to be less healthy than other kids I know.
VERYSICK	I1e. I have never been very, very sick.
ALWYSICK	I1f. I always seem to get sick.

LESSOLDR	I1g. I think I will be less healthy when I get older.
VERYOLDR	I1h. I think I will be very healthy when I get older.
NVRWORRY	I1i. I never worry about my health.
HLTHYNOW	I1j. I think I am healthy now
WORRYMOR	I1k. I think I worry about my health more than other kids my age

I2. Compared to one year ago, how would you rate your health now?

MUCH BETTER NOW THAN
1 YEAR AGO..... 1

SOMEWHAT BETTER NOW THAN
1 YEAR AGO..... 2

ABOUT THE SAME NOW AS
1 YEAR AGO..... 3

SOMEWHAT WORSE NOW THAN
1 YEAR AGO..... 4

MUCH WORSE NOW THAN
1 YEAR AGO..... 5

YR1VSNOW	I2. Compared to one year ago, how would you rate your health now
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Section J: YOU AND YOUR FAMILY

J1. During the past 4 weeks, how often has your health or behavior

	VERY OFTEN	FAIRLY OFTEN	SOME- TIMES	ALMOST NEVER	NEVER
a. Limited the types of activities you could do as a family?	1	2	3	4	5
b. Interrupted various everyday family activities (eating meals, watching tv)?	1	2	3	4	5
c. Limited your ability as a family to “pick up and go” on a moment’s notice?	1	2	3	4	5
d. Caused tension or conflict in your home?	1	2	3	4	5
e. Been a source of disagreements or arguments in your family?	1	2	3	4	5
f. Caused your family to cancel or change plans at the last minute?	1	2	3	4	5

LIMIT_ACT	J1a. Limited types of activities you could do as family
INT_ACT	J1b. Interrupted various everyday family activities

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PICK_UP	J1c. Limited your ability as a family to "pick up and go"
CONFLICT	J1d. Caused tension or conflict in your home
ARGUE_FAM	J1e. Been a source of disagreements or arguments in your family
CANCL_PLAN	J1f. Caused your family to cancel or change plans at last minute

J2. Sometimes families may have difficulty getting along with one another. They do not always agree and they may get angry. In general, how would you rate your family's ability to get along with one another?

EXCELLENT 1

VERY GOOD 2

GOOD 3

FAIR 4

POOR 5

GETALONG	J2. ...How would you rate your family's ability to get along?
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Section K: FACTS ABOUT YOU

K1. Are you

MALE 1

FEMALE 2

GENDER	k1. Are you male or female?
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K2. What is your date of birth?

 / /

Removed to protect privacy

K3. What is the highest grade of school you have completed?

PRESCHOOL 1

KINDERGARTEN 2

1ST GRADE 3

2ND GRADE 4

3RD GRADE 5

4TH GRADE 6

5TH GRADE 7

6TH GRADE 8

7TH GRADE 9

8TH GRADE 10

9TH GRADE 11

10TH GRADE 12

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11TH GRADE 1312TH GRADE 1413th GRADE..... 15

UNGRADED 99

a. If ungraded, how many
years attended? ____ years

HIGH_GRADE	k3. What is the highest grade of school you have completed?
EDU_YR	k3a. If ungraded, how many years attended?

K4. Have you ever seen someone at school, clinic or doctor's office for any of the following
(Please check YES or NO for each)

	YES	NO
a. Injuries due to accidents?	1	2
b. Bed wetting?	1	2
c. Chest pain?	1	2
d. Diarrhea or constipation?	1	2
e. Not having a lot of energy to do things for a long time?	1	2
f. Headaches?	1	2
g. Not feeling like eating very much for a long time?	1	2
h. Bad dreams, trouble falling asleep or staying asleep?	1	2
i. Stomach aches?	1	2

INJURY	k4a. Injuries due to accidents?
BED_WET	k4b. Bed wetting?
CHST_PAIN	k4c. Chest pain?
DIARRHEA	k4d. Diarrhea or constipation
NO_ENERGY	k4e. Not having a lot of energy to do things for a long time
HD_ACHES	k4f. Headaches
NOT_EATING	k4g. Not feeling like eating very much for long time
BAD_DREAM	k4h. Bad dreams, trouble falling asleep or staying asleep
STM_ACHES	k4i. Stomach aches

K5. Did you require physical assistance to circle the responses to questions on this form?

YES..... 1

NO 2

NDASSIST	K5. Did you require physical assistance to circle the responses
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THANK YOU FOR YOUR PARTICIPATION!

FORMSTAT_ID	Unique form/subject ID
FORM_ID	4 letter code for the form
VER_ID	1 letter code added to form code to make unique form/version
DESTATUS	Form completion

END OF FORM