

SECTION B.**ANSWER FOR ALL CHILDREN**

Here are some statements that mothers have made to describe their children. Please think about your child during the last two weeks, and choose the response that most accurately describes him or her.

B1. Thinking about your child during the last two weeks did (he/she). . .

a. Eat well?	Never or rarely	<input type="checkbox"/> ₁	} →	i. Was this due to illness?	Fully	<input type="checkbox"/> ₁
	Some of the time	<input type="checkbox"/> ₂			Partly	<input type="checkbox"/> ₂
	Almost always	<input type="checkbox"/> ₃			Not at all	<input type="checkbox"/> ₃

b. Sleep well?	Never or rarely	<input type="checkbox"/> ₁	} →	i. Was this due to illness?	Fully	<input type="checkbox"/> ₁
	Some of the time	<input type="checkbox"/> ₂			Partly	<input type="checkbox"/> ₂
	Almost always	<input type="checkbox"/> ₃			Not at all	<input type="checkbox"/> ₃

c. Seem contented and cheerful?	Never or rarely	<input type="checkbox"/> ₁	} →	i. Was this due to illness?	Fully	<input type="checkbox"/> ₁
	Some of the time	<input type="checkbox"/> ₂			Partly	<input type="checkbox"/> ₂
	Almost always	<input type="checkbox"/> ₃			Not at all	<input type="checkbox"/> ₃

d. Act moody?	Never or rarely	<input type="checkbox"/> ₁	} →	i. Was this due to illness?	Fully	<input type="checkbox"/> ₁
	Some of the time	<input type="checkbox"/> ₂			Partly	<input type="checkbox"/> ₂
	Almost always	<input type="checkbox"/> ₃			Not at all	<input type="checkbox"/> ₃

e. Communicate what (he/she) wanted?	Never or rarely	<input type="checkbox"/> ₁	} →	i. Was this due to illness?	Fully	<input type="checkbox"/> ₁
	Some of the time	<input type="checkbox"/> ₂			Partly	<input type="checkbox"/> ₂
	Almost always	<input type="checkbox"/> ₃			Not at all	<input type="checkbox"/> ₃

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B1. Thinking about your child during the last two weeks**did (he/she) . . .**

f. Seem to feel sick and tired?	Never or rarely	<input type="checkbox"/> ₁	} →	i. Was this due to illness?	Fully	<input type="checkbox"/> ₁
	Some of the time	<input type="checkbox"/> ₂			Partly	<input type="checkbox"/> ₂
	Almost always	<input type="checkbox"/> ₃			Not at all	<input type="checkbox"/> ₃
g. Occupy (him/herself)?	Never or rarely	<input type="checkbox"/> ₁	} →	i. Was this due to illness?	Fully	<input type="checkbox"/> ₁
	Some of the time	<input type="checkbox"/> ₂			Partly	<input type="checkbox"/> ₂
	Almost always	<input type="checkbox"/> ₃			Not at all	<input type="checkbox"/> ₃

h. Seem lively and energetic?	Never or rarely	<input type="checkbox"/> ₁	} →	i. Was this due to illness?	Fully	<input type="checkbox"/> ₁
	Some of the time	<input type="checkbox"/> ₂			Partly	<input type="checkbox"/> ₂
	Almost always	<input type="checkbox"/> ₃			Not at all	<input type="checkbox"/> ₃

i. Seem unusually irritable or cross?	Never or rarely	<input type="checkbox"/> ₁	} →	i. Was this due to illness?	Fully	<input type="checkbox"/> ₁
	Some of the time	<input type="checkbox"/> ₂			Partly	<input type="checkbox"/> ₂
	Almost always	<input type="checkbox"/> ₃			Not at all	<input type="checkbox"/> ₃

j. Sleep through the night?	Never or rarely	<input type="checkbox"/> ₁	} →	i. Was this due to illness?	Fully	<input type="checkbox"/> ₁
	Some of the time	<input type="checkbox"/> ₂			Partly	<input type="checkbox"/> ₂
	Almost always	<input type="checkbox"/> ₃			Not at all	<input type="checkbox"/> ₃

k. Respond to your attention?	Never or rarely	<input type="checkbox"/> ₁	} →	i. Was this due to illness?	Fully	<input type="checkbox"/> ₁
	Some of the time	<input type="checkbox"/> ₂			Partly	<input type="checkbox"/> ₂
	Almost always	<input type="checkbox"/> ₃			Not at all	<input type="checkbox"/> ₃

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B1. Thinking about your child during the last two weeks did (he/she) . . .

i. Seem unusually difficult?	Never or rarely	<input type="checkbox"/> ₁		i. Was this due to illness?	Fully	<input type="checkbox"/> ₁
	Some of the time	<input type="checkbox"/> ₂			Partly	<input type="checkbox"/> ₂
	Almost always	<input type="checkbox"/> ₃			Not at all	<input type="checkbox"/> ₃

m. Seem interested in what was going on around (him/her)?	Never or rarely	<input type="checkbox"/> ₁		i. Was this due to illness?	Fully	<input type="checkbox"/> ₁
	Some of the time	<input type="checkbox"/> ₂			Partly	<input type="checkbox"/> ₂
	Almost always	<input type="checkbox"/> ₃			Not at all	<input type="checkbox"/> ₃

n. React to little things by crying?	Never or rarely	<input type="checkbox"/> ₁		i. Was this due to illness?	Fully	<input type="checkbox"/> ₁
	Some of the time	<input type="checkbox"/> ₂			Partly	<input type="checkbox"/> ₂
	Almost always	<input type="checkbox"/> ₃			Not at all	<input type="checkbox"/> ₃

o. Does your child depend on any special medical equipment or appliance in daily living?	No	<input type="checkbox"/> ₁		i. Was this due to illness?	Fully	<input type="checkbox"/> ₁
	Yes	<input type="checkbox"/> ₂			Partly	<input type="checkbox"/> ₂
					Not at all	<input type="checkbox"/> ₃

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SECTION C.

Please answer the following questions if your child is one year old or older:

C1. Over the last two weeks, did your child . . .

a. Act afraid of new situations?	Never or rarely	<input type="checkbox"/> ₁	} →	i. Was this due to illness?	Fully	<input type="checkbox"/> ₁
	Some of the time	<input type="checkbox"/> ₂			Partly	<input type="checkbox"/> ₂
	Almost always	<input type="checkbox"/> ₃			Not at all	<input type="checkbox"/> ₃

b. Get around the house without assistance?	Never or rarely	<input type="checkbox"/> ₁	} →	i. Was this due to illness?	Fully	<input type="checkbox"/> ₁
	Some of the time	<input type="checkbox"/> ₂			Partly	<input type="checkbox"/> ₂
	Almost always	<input type="checkbox"/> ₃			Not at all	<input type="checkbox"/> ₃

c. Have frequent temper tantrums?	Never or rarely	<input type="checkbox"/> ₁	} →	i. Was this due to illness?	Fully	<input type="checkbox"/> ₁
	Some of the time	<input type="checkbox"/> ₂			Partly	<input type="checkbox"/> ₂
	Almost always	<input type="checkbox"/> ₃			Not at all	<input type="checkbox"/> ₃

d. Cut down on (his/her) usual level of play activity?	Never or rarely	<input type="checkbox"/> ₁	} →	i. Was this due to illness?	Fully	<input type="checkbox"/> ₁
	Some of the time	<input type="checkbox"/> ₂			Partly	<input type="checkbox"/> ₂
	Almost always	<input type="checkbox"/> ₃			Not at all	<input type="checkbox"/> ₃

e. Have trouble doing things for (him/her) self that you thought (he/she) could do?	Never or rarely	<input type="checkbox"/> ₁	} →	i. Was this due to illness?	Fully	<input type="checkbox"/> ₁
	Some of the time	<input type="checkbox"/> ₂			Partly	<input type="checkbox"/> ₂
	Almost always	<input type="checkbox"/> ₃			Not at all	<input type="checkbox"/> ₃

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C1. Over the last two weeks, did your child . . .

f. Pick up and throw a ball or other object (in the intended direction)?	Never or rarely	<input type="checkbox"/> ₁	} →	i. Was this due to illness?	Fully	<input type="checkbox"/> ₁
	Some of the time	<input type="checkbox"/> ₂			Partly	<input type="checkbox"/> ₂
	Almost always	<input type="checkbox"/> ₃			Not at all	<input type="checkbox"/> ₃

g. Act timid or shy?	Never or rarely	<input type="checkbox"/> ₁	} →	i. Was this due to illness?	Fully	<input type="checkbox"/> ₁
	Some of the time	<input type="checkbox"/> ₂			Partly	<input type="checkbox"/> ₂
	Almost always	<input type="checkbox"/> ₃			Not at all	<input type="checkbox"/> ₃

h. Need more help with eating than other children (his/her) age?	Never or rarely	<input type="checkbox"/> ₁	} →	i. Was this due to illness?	Fully	<input type="checkbox"/> ₁
	Some of the time	<input type="checkbox"/> ₂			Partly	<input type="checkbox"/> ₂
	Almost always	<input type="checkbox"/> ₃			Not at all	<input type="checkbox"/> ₃

i. Act restless or fidgety?	Never or rarely	<input type="checkbox"/> ₁	} →	i. Was this due to illness?	Fully	<input type="checkbox"/> ₁
	Some of the time	<input type="checkbox"/> ₂			Partly	<input type="checkbox"/> ₂
	Almost always	<input type="checkbox"/> ₃			Not at all	<input type="checkbox"/> ₃

j. Concentrate or pay attention for a period of time?	Never or rarely	<input type="checkbox"/> ₁	} →	i. Was this due to illness?	Fully	<input type="checkbox"/> ₁
	Some of the time	<input type="checkbox"/> ₂			Partly	<input type="checkbox"/> ₂
	Almost always	<input type="checkbox"/> ₃			Not at all	<input type="checkbox"/> ₃

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C1. Over the last two weeks, did your child . . .

k. Act nervous or tense?	Never or rarely	<input type="checkbox"/> ₁	} →	i. Was this due to illness?	Fully	<input type="checkbox"/> ₁
	Some of the time	<input type="checkbox"/> ₂			Partly	<input type="checkbox"/> ₂
	Almost always	<input type="checkbox"/> ₃			Not at all	<input type="checkbox"/> ₃

l. Cut down on things (he/she) usually does?	Never or rarely	<input type="checkbox"/> ₁	} →	i. Was this due to illness?	Fully	<input type="checkbox"/> ₁
	Some of the time	<input type="checkbox"/> ₂			Partly	<input type="checkbox"/> ₂
	Almost always	<input type="checkbox"/> ₃			Not at all	<input type="checkbox"/> ₃

m. Get involved in games and other play?	Never or rarely	<input type="checkbox"/> ₁	} →	i. Was this due to illness?	Fully	<input type="checkbox"/> ₁
	Some of the time	<input type="checkbox"/> ₂			Partly	<input type="checkbox"/> ₂
	Almost always	<input type="checkbox"/> ₃			Not at all	<input type="checkbox"/> ₃

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SECTION D.Please answer the following questions if your child is two years old and older:**D1. Over the last two weeks did your child . . .**

a. Go up and down stairs without assistance?	Never or rarely	<input type="checkbox"/> ₁	} →	i. Was this due to illness?	Fully	<input type="checkbox"/> ₁
	Some of the time	<input type="checkbox"/> ₂			Partly	<input type="checkbox"/> ₂
	Almost always	<input type="checkbox"/> ₃			Not at all	<input type="checkbox"/> ₃

b. Communicate with words so others can understand?	Never or rarely	<input type="checkbox"/> ₁	} →	i. Was this due to illness?	Fully	<input type="checkbox"/> ₁
	Some of the time	<input type="checkbox"/> ₂			Partly	<input type="checkbox"/> ₂
	Almost always	<input type="checkbox"/> ₃			Not at all	<input type="checkbox"/> ₃

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D1. Over the last two weeks did your child...

c. Fight a lot with other children?	Never or rarely	<input type="checkbox"/> ₁	} →	i. Was this due to illness?	Fully	<input type="checkbox"/> ₁
	Some of the time	<input type="checkbox"/> ₂			Partly	<input type="checkbox"/> ₂
	Almost always	<input type="checkbox"/> ₃			Not at all	<input type="checkbox"/> ₃

d. Dress (him/herself)?	Never or rarely	<input type="checkbox"/> ₁	} →	i. Was this due to illness?	Fully	<input type="checkbox"/> ₁
	Some of the time	<input type="checkbox"/> ₂			Partly	<input type="checkbox"/> ₂
	Almost always	<input type="checkbox"/> ₃			Not at all	<input type="checkbox"/> ₃

e. Play games by (him/herself)?	Never or rarely	<input type="checkbox"/> ₁	} →	i. Was this due to illness?	Fully	<input type="checkbox"/> ₁
	Some of the time	<input type="checkbox"/> ₂			Partly	<input type="checkbox"/> ₂
	Almost always	<input type="checkbox"/> ₃			Not at all	<input type="checkbox"/> ₃

f. Participate in hard exercise or play?	Never or rarely	<input type="checkbox"/> ₁	} →	i. Was this due to illness?	Fully	<input type="checkbox"/> ₁
	Some of the time	<input type="checkbox"/> ₂			Partly	<input type="checkbox"/> ₂
	Almost always	<input type="checkbox"/> ₃			Not at all	<input type="checkbox"/> ₃

g. Get undressed without help?	Never or rarely	<input type="checkbox"/> ₁	} →	i. Was this due to illness?	Fully	<input type="checkbox"/> ₁
	Some of the time	<input type="checkbox"/> ₂			Partly	<input type="checkbox"/> ₂
	Almost always	<input type="checkbox"/> ₃			Not at all	<input type="checkbox"/> ₃

h. Play with other children?	Never or rarely	<input type="checkbox"/> ₁	} →	i. Was this due to illness?	Fully	<input type="checkbox"/> ₁
	Some of the time	<input type="checkbox"/> ₂			Partly	<input type="checkbox"/> ₂
	Almost always	<input type="checkbox"/> ₃			Not at all	<input type="checkbox"/> ₃

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D1. Over the last two weeks did your child..

i. During the past two weeks did (he/she) spend all or part of the day in bed?	No	<input type="checkbox"/> ₁	→		Fully	<input type="checkbox"/> ₁
	Yes	<input type="checkbox"/> ₂		i. Was this due to illness?	Partly	<input type="checkbox"/> ₂
					Not at all	<input type="checkbox"/> ₃
				ii. How many days did (he/she) stay in bed in the last 2 weeks? _____		

SECTION E.**ANSWER FOR ALL CHILDREN**

These questions ask about your child's hospitalization in the last 6 months:

E1. In the last 6 months . . .

a. Has your child been hospitalized?	No	<input type="checkbox"/> ₁	→		
	Yes	<input type="checkbox"/> ₂		i. How many times was (he/she) hospitalized?	_____ Number of Times
				ii. For how many days was (he/she) hospitalized?	_____ Total number of days

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SECTION F.

This set of questions asks some general information about you and your child. Please remember all information is confidential.

F1. What is your child's date of birth? MONTH / DAY / YEAR

F2. Which of the following best describes your relationship to your child?

- ☐₁ Biological parent ☐₂ Step parent ☐₃ Foster parent ☐₄ Adoptive parent ☐₅ Guardian
- ☐₆ Other (please explain)

F3. What is the highest grade of school that you have completed?

- ☐₁ Some high school or less ☐₂ High school graduate/GED ☐₃ Some college or 2 year degree ☐₄ 4 year college graduate ☐₅ Graduate degree

F4. Which of the following categories best represents the combined income for all family members in your household added together for the past 12 months?

- ☐₁ < \$20,000 ☐₂ \$20,000 - 39,000 ☐₃ \$40,000 - 59,000 ☐₄ \$60,000 - 79,000
- ☐₅ \$80,000 - 99,000 ☐₆ ≥ \$100,000 ☐₇ Do not wish to provide

THANK YOU FOR YOUR PARTICIPATION!

END OF FORM