Section A: KEY IDENTIFYING INFORMATION

A1. Study Identification Number ___ ___ - ___ ___ ___ ___ ___ - ___

A2. Study visit Study Visit 9 (age 6 year)…… (9)

A3. Subject date of birth ___ ___ / ___ ___ / ___ ___ ___ ___
M M D D Y Y Y Y

A4. Subject gender MALE ..... 1 FEMALE…….2

A5. Who completed the form? Mother ……..…1

Father …….…….. ……..2

Other primary caregiver.…….....3

a. If other primary caregiver, specify:_____

A6. Date of instrument completion by parent or caregiver ___ ___ / ___ ___ / ___ ___ ___ ___
M M D D Y Y Y Y

A7. Date of Section A completion ___ ___ / ___ ___ / ___ ___ ___ ___
M M D D Y Y Y Y

A8. Name of person completing Section A _____ ___ ___ ___
PRINT FULL NAME INITIALS

INSTRUCTIONS TO STUDY COORDINATORS:

1. Do not send **Section A** (pages 1 – 2) to the family with questionnaire. This section must be completed by study coordinator after receiving the completed questionnaire from the participant's family.

2. Affix study label to **FRONT PAGE** of the Instrument page prior to sending to participant's family. When instrument is returned, photocopy entire packet and maintain in the study subject's research file.

   Blacken all confidential information, if needed, <u>before</u> submitting the instrument to the DCC.

3. Complete **Section A** (page 1 of 2) and re-attach it to the completed questionnaire (CHQ – PF50). Send the completed, original instrument to DCC with Section A attached.

INSTRUCTIONS TO FAMILIES[1]:

1. This form asks about your child's health and well-being, and contains questions that ask how you feel. There are no right or wrong answers. This is not a test. Choose a response that best represents how you feel. Please do not share or compare responses with your child or other family members.

2. If you are unsure how to respond to a question, give the best response you can. It is important that you fill in each question.

3. Before starting, be sure to read the instructions at the top of the page. Please use black or blue ink to mark your responses.

4. All information is strictly confidential, and your name will not be used in any reports. This questionnaire is completely voluntary and will not affect your medical care. Please answer each question as best you can.

[1]Instructions for families are to be delivered by study coordinators.

CHILD HEALTH QUESTIONNAIRE (CHQ-PF50)

PARENT FORM – 50 ENGLISH (U.S.)

ID NUMBER

TODAY'S DATE

MONTH / DAY / YEAR

INSTRUCTIONS: This form asks about your child's health and well-being. Your responses will be treated confidentially. There are no right or wrong responses. If you are unsure how to respond to a question, give the best response you can. It is important that you fill in each question. Please use blue or black ink.

Correct Marks: ■ ☒ ☑ ✒

SECTION 1: YOUR CHILD'S GLOBAL HEALTH

		Excellent	Very good	Good	Fair	Poor
1.1.	In general, would you say your child's health is:	☐	☐	☐	☐	☐

SECTION 2: YOUR CHILD'S PHYSICAL ACTIVITIES

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

		Yes, limited a lot	Yes, limited some	Yes, limited a little	No, not limited
2.1.	During the past 4 weeks, has your child been limited in any of the following activities due to health problems?				
a.	Doing things that take a lot of energy, such as playing soccer, or running?	☐	☐	☐	☐
b.	Doing things that take some energy such as riding a bike or skating?	☐	☐	☐	☐
c.	Ability (physically) to get around the neighborhood, playground, or school?	☐	☐	☐	☐
d.	Walking one block or climbing one flight of stairs?	☐	☐	☐	☐
e.	Bending, lifting, or stooping?	☐	☐	☐	☐
f.	Taking care of him/herself, that is, eating, dressing, bathing, or going to the toilet?	☐	☐	☐	☐

SECTION 3: YOUR CHILD'S EVERYDAY ACTIVITIES

3.1. During the past 4 weeks, has your child's school work or activities with friends been limited in any of the following ways due to EMOTIONAL difficulties or problems with his/her BEHAVIOR?

	Yes, limited a lot	Yes, limited some	Yes, limited a little	No, not limited
a. Limited in the KIND of schoolwork or activities with friends he/she could do	☐	☐	☐	☐
b. Limited in the AMOUNT of time he/she could spend on schoolwork or activities with friends	☐	☐	☐	☐
c. Limited in PERFORMING schoolwork or activities with friends (it took extra effort)	☐	☐	☐	☐

3.2. During the past 4 weeks, has your child's school work or activities with friends been limited in any of the following ways due to problems with his/her PHYSICAL health?

	Yes, limited a lot	Yes, limited some	Yes, limited a little	No, not limited
a. Limited in the KIND of schoolwork or activities with friends he/she could do	☐	☐	☐	☐
b. Limited in the AMOUNT of time he/she could spend on schoolwork or activities with friends	☐	☐	☐	☐

SECTION 4: PAIN

4.1. During the past 4 weeks, how much bodily pain or discomfort has your child had?

None	Very mild	Mild	Moderate	Severe	Very severe
☐	☐	☐	☐	☐	☐

4.2. During the past 4 weeks, how often has your child had bodily pain or discomfort?

None of the time	Once or twice	A few times	Fairly often	Very often	Every/almost every day
☐	☐	☐	☐	☐	☐

SECTION 5: BEHAVIOR
Below is a list of items that describe children's behavior or problems they sometimes have.

5.1. How often during the past 4 weeks did each of the following statements describe your child?

	Very often	Fairly often	Some-times	Almost never	Never
a. Argued a lot?	☐	☐	☐	☐	☐
b. Had difficulty concentrating or paying attention?	☐	☐	☐	☐	☐
c. Lied or cheated?	☐	☐	☐	☐	☐
d. Stole things inside or outside the home?	☐	☐	☐	☐	☐
e. Had temper tantrums or a hot temper?	☐	☐	☐	☐	☐

5.2 Compared to other children your child's age, in general would you say his/her behavior is:

Excellent	Very good	Good	Fair	Poor
☐	☐	☐	☐	☐

SECTION 6: WELL-BEING
The following phrases are about children's moods.

6.1. During the past 4 weeks, how much of the time do you think your child:

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. Felt like crying?	☐	☐	☐	☐	☐
b. Felt lonely?	☐	☐	☐	☐	☐
c. Acted nervous?	☐	☐	☐	☐	☐
d. Acted bothered or upset?	☐	☐	☐	☐	☐
e. Acted cheerful?	☐	☐	☐	☐	☐

SECTION 7: SELF-ESTEEM
The following ask about your child's satisfaction with self, school, and others. It may be helpful if you keep in mind how other children your child's age might feel about these areas.

7.1. During the past 4 weeks, how satisfied do you think your child has felt about:

	Very satisfied	Somewhat satisfied	Neither satisfied nor dissatisfied	Somewhat dissatisfied	Very dissatisfied
a. His/her school ability?	☐	☐	☐	☐	☐
b. His/her athletic ability?	☐	☐	☐	☐	☐
c. His/her friendships?	☐	☐	☐	☐	☐
d. His/her looks/appearance?	☐	☐	☐	☐	☐
e. His/her family relationships?	☐	☐	☐	☐	☐
f. His/her life overall?	☐	☐	☐	☐	☐

SECTION 8: YOUR CHILD'S HEALTH
The following statements are about health in general.

8.1. How true or false is the statement for your child?

	Definitely true	Mostly true	Don't know	Mostly false	Definitely false
a. My child seems to be less healthy than other children I know	☐	☐	☐	☐	☐
b. My child has never been seriously ill	☐	☐	☐	☐	☐
c. When there is something going around my child usually catches it	☐	☐	☐	☐	☐
d. I expect my child will have a very healthy life	☐	☐	☐	☐	☐
e. I worry more about my child's health than other people worry about their children's health	☐	☐	☐	☐	☐

8.2 Compared to one year ago, how would you rate your child's health now:

Much better now than 1 year ago	Somewhat better now than 1 year ago	About the same now as 1 year ago	Somewhat worse now than 1 year ago	Much worse now than 1 year ago
☐	☐	☐	☐	☐

SECTION 9: YOU AND YOUR FAMILY

9.1. During the past 4 weeks, how MUCH emotional worry or concern did each of the following cause YOU?

	None at all	A little bit	Some	Quite a bit	A lot
a. Your child's physical health	☐	☐	☐	☐	☐
b. Your child's emotional well-being or behavior	☐	☐	☐	☐	☐
c. Your child's attention or learning abilities	☐	☐	☐	☐	☐

9.2. During the past 4 weeks, were you LIMITED in the amount of time YOU had for your own needs because of:

	Yes, limited a lot	Yes, limited some	Yes, limited a little	No, not limited
a. Your child's physical health?	☐	☐	☐	☐
b. Your child's emotional well-being or behavior?	☐	☐	☐	☐
c. Your child's attention or learning abilities?	☐	☐	☐	☐

9.3. During the past 4 weeks, how often has your child's health or behavior:

	Very often	Fairly often	Sometimes	Almost never	Never
a. Limited the types of activities you could do as a family?	☐	☐	☐	☐	☐
b. Interrupted various everyday family activities (eating meals, watching tv)?	☐	☐	☐	☐	☐
c. Limited your ability as a family to "pick up and go" on a moment's notice?	☐	☐	☐	☐	☐
d. Caused tension or conflict in your home?	☐	☐	☐	☐	☐
e. Been a source of disagreements or arguments in your family?	☐	☐	☐	☐	☐
f. Caused you to cancel or change plans (personal or work) at the last minute?	☐	☐	☐	☐	☐

9.4. 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	Very good	Good	Fair	Poor
☐	☐	☐	☐	☐