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 fit and well?
   - not at all
   - slightly
   - moderately
   - very
   - extremely

2. Has your child felt full of energy?
   - never
   - seldom
   - quite often
   - very often
   - always

3. Has your child felt sad?
   - never
   - seldom
   - quite often
   - very often
   - always

4. Has your child felt lonely?
   - never
   - seldom
   - quite often
   - very often
   - always

5. Has your child had enough time for him/herself?
   - never
   - seldom
   - quite often
   - very often
   - always

6. Has your child been able to do the things that he/she wants to do in his/her free time?
   - never
   - seldom
   - quite often
   - very often
   - always

7. Has your child felt that his/her parent(s) treated him/her fairly?
   - never
   - seldom
   - quite often
   - very often
   - always

8. Has your child had fun with his/her friends?
   - never
   - seldom
   - quite often
   - very often
   - always

9. Has your child got on well at school?
   - not at all
   - slightly
   - moderately
   - very
   - extremely

10. Has your child been able to pay attention?
    - never
    - seldom
    - quite often
    - very often
    - always

## In general, how would your child rate her/his health?

- excellent
- very good
- good
- fair
- poor

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KIDSCREEN-10 Index, Parent Version
Page 3 of 3