

APPENDIX 2 – HAY CHILD REPORT

HOW



ARE

YOU?



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HOW DO YOU ANSWER THE FOLLOWING QUESTIONS?

The questions in this book are concerned with how you are doing. Directions are given before each new section.

If you want to change your answer then please put a line through the "wrong" answer and an "x" by the right answer.

Always answer what **you** think. There are no correct or incorrect answers.

Please choose only one answer!

Please mark your answer by placing an "x" in the box you choose:

1. I am a Boy
 Girl

Please answer the following questions:

2. I am ___ years old
3. I am in grade ___
4. Today's date is: _____ day _____ month 19____

PART 1

The following questions are about how you felt during the past 7 days.

Please answer what you think and try to put an answer by each question. You can only choose **one** answer for each question.

Please mark your answer by placing an "x" in the box you choose:

1. Have you ridden your bike during the past seven days?
 No, never
 Yes, sometimes
 Yes, often
 Yes, very often
2. Have you played outside during the past seven days?
 No, never
 Yes, sometimes
 Yes, often
 Yes, very often
3. Have you run about during the past seven days?
 No, never
 Yes, sometimes
 Yes, often
 Yes, very often
4. Have you joined in with gym during the past seven days?
 No, never
 Yes, sometimes
 Yes, often
 Yes, very often

- 5 Have you been swimming during the past seven days?
 No, never
 Yes, sometimes
 Yes, often
 Yes, very often
- 6 Have you done math assignments in class during the past seven days?
 No, never
 Yes, sometimes
 Yes, often
 Yes, very often
- 7 Did you manage to keep your attention on your schoolwork during the past seven days?
 No, never
 Yes, sometimes
 Yes, often
 Yes, very often
- 8 Have you done language assignments in class during the past seven days?
 No, never
 Yes, sometimes
 Yes, often
 Yes, very often
- 9 Have you remembered what you learned at school during the past seven days?
 No, never
 Yes, sometimes
 Yes, often
 Yes, very often

- 10 Have you been to a party in the past seven days?
 No, never
 Yes, sometimes
 Yes, often
 Yes, very often
- 11 Have you played with other kids at recess during the past seven days?
 No, never
 Yes, sometimes
 Yes, often
 Yes, very often
- 12 Have you played with other children after school during the past seven days?
 No, never
 Yes, sometimes
 Yes, often
 Yes, very often
- 13 Have you had dinner at a friend's house during the past seven days?
 No, never
 Yes, sometimes
 Yes, often
 Yes, very often
- 14 Have you visited someone, such as a family member or other children during the past seven days?
 No, never
 Yes, sometimes
 Yes, often
 Yes, very often

- 15 Have you felt happy during the past seven days?
 No, never
 Yes, sometimes
 Yes, often
 Yes, very often
- 16 Have you felt cheerful during the past seven days?
 No, never
 Yes, sometimes
 Yes, often
 Yes, very often
- 17 Have you laughed during the past seven days?
 No, never
 Yes, sometimes
 Yes, often
 Yes, very often
- 18 Have you had fun during the past seven days?
 No, never
 Yes, sometimes
 Yes, often
 Yes, very often
- 19 Have you felt pleased during the past seven days?
 No, never
 Yes, sometimes
 Yes, often
 Yes, very often
- 20 Have you had a headache during the past seven days?
 No, never
 Yes, sometimes
 Yes, often
 Yes, very often

- 21 Have you felt nauseous during the past seven days?
 No, never
 Yes, sometimes
 Yes, often
 Yes, very often
- 22 Have you had a stomach ache during the past seven days?
 No, never
 Yes, sometimes
 Yes, often
 Yes, very often
- 23 Did you get up feeling tired during the past seven days?
 No, never
 Yes, sometimes
 Yes, often
 Yes, very often
- 24 Have you been coughing during the past seven days?
 No, never
 Yes, sometimes
 Yes, often
 Yes, very often
- 25 Have you felt short of breath during the past seven days?
 No, never
 Yes, sometimes
 Yes, often
 Yes, very often

- 26 Has your breathing been wheezy during the past seven days?
 No, never
 Yes, sometimes
 Yes, often
 Yes, very often
- 27 Have you woken up at night due to your asthma?
 No, never
 Yes, sometimes
 Yes, often
 Yes, very often
- 28 Have you taken any medicine for your asthma during the past seven days?
 No, never
 Yes, sometimes
 Yes, often
 Yes, very often
- 29 Did you take your medicine for your asthma with you when you went somewhere during the past seven days?
 No, never
 Yes, sometimes
 Yes, often
 Yes, very often
- 30 Have you used your peak flow measure during the past 7 days?
 No, never
 Yes, sometimes
 Yes, often
 Yes, very often

- 31 Did you take your asthma medicine when other children were around during the past seven days?
 No, never
 Yes, sometimes
 Yes, often
 Yes, very often
- 32 Have you worried about your asthma during the past seven days?
 No, never
 Yes, sometimes
 Yes, often
 Yes, very often
- 33 Were you scared about becoming short of breath during the past 7 days?
 No, never
 Yes, sometimes
 Yes, often
 Yes, very often
- 34 Have you felt sad because of your asthma during the past seven days?
 No, never
 Yes, sometimes
 Yes, often
 Yes, very often
- 35 Have you felt lonely because of your asthma during the past seven days?
 No, never
 Yes, sometimes
 Yes, often
 Yes, very often

- 36 Have you felt angry because of your asthma during the past seven days?
 No, never
 Yes, sometimes
 Yes, often
 Yes, very often
- 37 Have you worried about your future due to your asthma during the past seven days?
 No, never
 Yes, sometimes
 Yes, often
 Yes, very often
- 38 Have you felt during the past seven days that other kids did not like you as much because of your asthma?
 No, never
 Yes, sometimes
 Yes, often
 Yes, very often
- 39 Have you felt during the past seven days that you were not able to do as much as other kids who do not have asthma?
 No, never
 Yes, sometimes
 Yes, often
 Yes, very often
- 40 Have you felt during the past seven days that you were different from other children because of your asthma?
 No, never
 Yes, sometimes
 Yes, often
 Yes, very often

PART 2

The next questions are about how well you are able to do certain things. If you don't do these things because you are not able to, you can place an "x" in the box "Not well at all".

Please mark your answer by placing an "x" in the box you choose:

- 41 How well are you able to ride your bike?
 Not well at all
 Not well
 Not so well
 Well
- 42 How well are you able to play outside?
 Not well at all
 Not well
 Not so well
 Well
- 43 How well are you able to run?
 Not well at all
 Not well
 Not so well
 Well
- 44 How well are you able to join in gym?
 Not well at all
 Not well
 Not so well
 Well

- 45 How well are you able to swim?
 Not well at all
 Not well
 Not so well
 Well
- 46 How well are you able to do math assignments in class?

 Not well at all
 Not well
 Not so well
 Well
- 47 How well are you able to keep your attention on your schoolwork?
 Not well at all
 Not well
 Not so well
 Well
- 48 How well are you able to do your language assignments in class?
 Not well at all
 Not well
 Not so well
 Well
- 49 How well are you able to remember what you have learned at school?
 Not well at all
 Not well
 Not so well
 Well

- 50 How well are you able to go to parties?
 Not well at all
 Not well
 Not so well
 Well
- 51 How well are you able to play with other children at school during recess?
 Not well at all
 Not well
 Not so well
 Well
- 52 How well are you able to play with other children after school?
 Not well at all
 Not well
 Not so well
 Well
- 53 How well does it go when you have dinner at a friends' house?
 Not well at all
 Not well
 Not so well
 Well
- 54 How well does it go when you visit someone, such as a family member or other children?
 Not well at all
 Not well
 Not so well
 Well

PART 3

The next questions are about whether it bothers you if things do not go well, for example, when you don't feel well or when you are sick.

Example

Does it bother you when you have trouble playing a certain sport?

If it does not bother you that playing a sport does not go well, then place an "x" on the second face just as it is done here below:



Not at all



Just a little



Quite a bit



A great deal

If you do not have trouble playing a certain sport, then try to imagine how it would feel if you had trouble with playing a sport.

Please answer what you think and try to answer each question.

55 Does it bother you when you have trouble biking?



Not at all



Just a little



Quite a bit



A great deal

56 Does it bother you when you have trouble playing outside?



Not at all



Just a little



Quite a bit



A great deal

57 Does it bother you when you have trouble running?



Not at all



Just a little



Quite a bit



A great deal

58 Does it bother you when you have trouble joining in gym?



Not at all



Just a little



Quite a bit



A great deal

59 Does it bother you when you have trouble swimming?



Not at all



Just a little



Quite a bit



A great deal

60 Does it bother you when you have trouble doing math assignments in class?



Not at all



Just a little



Quite a bit



A great deal

61 Does it bother you when you have trouble concentrating on your schoolwork?



Not at all



Just a little



Quite a bit



A great deal

62 Does it bother you when you have trouble doing language assignments during class?



Not at all



Just a little



Quite a bit



A great deal

63 Does it bother you when you can't remember what you learned at school?



Not at all



Just a little



Quite a bit



A great deal

64 Does it bother you when you are not able to go to a party?



Not at all



Just a little



Quite a bit



A great deal

65 Does it bother you when playing with other children during recess does not go well?



Not at all



Just a little



Quite a bit



A great deal

66 Does it bother you when playing with other children after school does not go well?



Not at all



Just a little



Quite a bit



A great deal

67 Does it bother you when you are not able to have dinner at a friend's house?



Not at all



Just a little



Quite a bit



A great deal

68 Does it bother you when you are not able to pay a visit to someone, such as a family member or other children?



Not at all



Just a little



Quite a bit



A great deal

69 Does it bother you when you have a headache?



Not at all



Just a little



Quite a bit



A great deal

72 Does it bother you when you get up feeling tired?



Not at all



Just a little



Quite a bit



A great deal

73 Does it bother you when you have to cough?



Not at all



Just a little



Quite a bit



A great deal

74 Does it bother you when you are short of breath?



Not at all



Just a little



Quite a bit



A great deal

75 Does it bother you when you are wheezy?



Not at all



Just a little



Quite a bit



A great deal

76 Does it bother you when you wake up at night due to your asthma



Not at all



Just a little



Quite a bit



A great deal

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE!

If you think we left something out or forgot to mention something, then you can write it down in the space below. This can be about your illness or things that you do or have experienced. You are also allowed to make a drawing.

