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# **KIDSCREEN-10 Index**

## **Health Questionnaire for Children and Young People**

Parent Version  
English (UK)

Date: \_\_\_\_\_  
Month Year

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 <input type="radio"/>	slightly <input type="radio"/>	moderately <input type="radio"/>	very <input type="radio"/>	extremely <input type="radio"/>
2.	Has your child felt full of energy?	never <input type="radio"/>	seldom <input type="radio"/>	quite often <input type="radio"/>	very often <input type="radio"/>	always <input type="radio"/>
3.	Has your child felt sad?	never <input type="radio"/>	seldom <input type="radio"/>	quite often <input type="radio"/>	very often <input type="radio"/>	always <input type="radio"/>
4.	Has your child felt lonely?	never <input type="radio"/>	seldom <input type="radio"/>	quite often <input type="radio"/>	very often <input type="radio"/>	always <input type="radio"/>
5.	Has your child had enough time for him/herself?	never <input type="radio"/>	seldom <input type="radio"/>	quite often <input type="radio"/>	very often <input type="radio"/>	always <input type="radio"/>
6.	Has your child been able to do the things that he/she wants to do in his/her free time?	never <input type="radio"/>	seldom <input type="radio"/>	quite often <input type="radio"/>	very often <input type="radio"/>	always <input type="radio"/>
7.	Has your child felt that his/her parent(s) treated him/her fairly?	never <input type="radio"/>	seldom <input type="radio"/>	quite often <input type="radio"/>	very often <input type="radio"/>	always <input type="radio"/>
8.	Has your child had fun with his/her friends?	never <input type="radio"/>	seldom <input type="radio"/>	quite often <input type="radio"/>	very often <input type="radio"/>	always <input type="radio"/>
9.	Has your child got on well at school?	not at all <input type="radio"/>	slightly <input type="radio"/>	moderately <input type="radio"/>	very <input type="radio"/>	extremely <input type="radio"/>
10.	Has your child been able to pay attention?	never <input type="radio"/>	seldom <input type="radio"/>	quite often <input type="radio"/>	very often <input type="radio"/>	always <input type="radio"/>

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

- ☐ excellent
- ☐ very good
- ☐ good
- ☐ fair
- ☐ poor