



KIDSCREEN-10 Index
Health Questionnaire for Children and Young People

Child and Adolescent Version
8 to 18 Years
English (UK)

sample copy

Date: _____
Month Year

Hello,

How are you? How do you feel? This is what we would like you to tell us.

Please read every question carefully. What answer comes to your mind first? Choose the box that fits your answer best and cross it.

Remember: This is not a test so there are no wrong answers. It is important that you answer all the questions and also that we can see your marks clearly. When you think of your answer please try to remember the last week.

You do not have to show your answers to anybody. Also, nobody who knows you will look at your questionnaire once you have finished it.

About Your Health

Thinking about the last week...

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

In general, how would you say your health is?

- excellent
- very good
- good
- fair
- poor