

Name:

Date:

Please respond to each question or statement by marking one box per row.

In the past 7 days... how much trouble do you have...

1. I could do sports and exercise that other kids my age could do...

With no trouble	With a little trouble	With some trouble	With a lot of trouble	Not able to do
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. I could get up from the floor

With no trouble	With a little trouble	With some trouble	With a lot of trouble	Not able to do
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. I could walk upstairs without holding on to anything

With no trouble	With a little trouble	With some trouble	With a lot of trouble	Not able to do
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. I have been physically able to do the activities I enjoy most

With no trouble	With a little trouble	With some trouble	With a lot of trouble	Not able to do
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. I felt accepted by other kids my age

Never	Almost never	Sometimes	Often	Almost always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In the past 7 days...

6. I was able to count on my friends

Never	Almost never	Sometimes	Often	Almost always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. My friends and I helped each other out

Never	Almost never	Sometimes	Often	Almost always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Other kids wanted to be my friend

Never	Almost never	Sometimes	Often	Almost always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. I felt like something awful might happen...

Never	Almost never	Sometimes	Often	Almost always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. I felt nervous

Never	Almost never	Sometimes	Often	Almost always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In the past 7 days...

11. I felt worried...

Never	Almost never	Sometimes	Often	Almost always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. I worried when I was at home ...

Never	Almost never	Sometimes	Often	Almost always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. I felt everything in my life went wrong

Never	Almost never	Sometimes	Often	Almost always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. I felt lonely....

Never	Almost never	Sometimes	Often	Almost always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. I felt sad...

Never	Almost never	Sometimes	Often	Almost always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In the past 7 days...

16. It was hard for me to have fun

Never	Almost never	Sometimes	Often	Almost always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Being tired made it hard for me to keep up with my schoolwork...

Never	Almost never	Sometimes	Often	Almost always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. I got tired easily

Never	Almost never	Sometimes	Often	Almost always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. I was too tired to do sports or exercise

Never	Almost never	Sometimes	Often	Almost always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. I was too tired to enjoy the things I like to do

Never	Almost never	Sometimes	Often	Almost always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In the past 7 days...

21. I had difficulty falling asleep

Never	Almost never	Sometimes	Almost always	Always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. I slept through the night

Never	Almost never	Sometimes	Almost always	Always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. I had a problem with my sleep

Never	Almost never	Sometimes	Almost always	Always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. I had trouble sleeping

Never	Almost never	Sometimes	Almost always	Always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. I had trouble sleeping when I had pain

Never	Almost never	Sometimes	Often	Almost always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In the past 7 days...

26. It was hard for me to pay attention when I had pain

Never	Almost never	Sometimes	Often	Almost always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. It was hard for me to run when I had pain

Never	Almost never	Sometimes	Often	Almost always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. It was hard for me to walk one block when I had pain

Never	Almost never	Sometimes	Often	Almost always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. In the past 7 days, how bad was your pain on average?

<i>None</i>				<i>to</i>					<i>worst possible pain</i>	
0	1	2	3	4	5	6	7	8	9	10
<hr/>										