

HOW YOU FEEL ABOUT YOUR HEALTH

This questionnaire is about your health and how it affects your daily life. The questions cover things that other young people have said are important to them.

Below is an **example** of how to answer the questions.

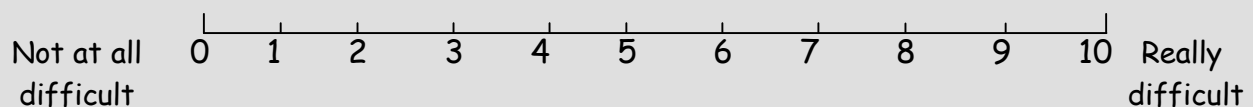
In the past week...

How often have you been made to go to bed earlier than you wanted to?

- Not at all
- A few days
- Most days
- Every day

For this part of the question tick **ONE** box which best applies to you. So if you have been made to go to bed earlier than you wanted to every day in the last week - tick the last box.

On the scale from 0 to 10 shown below, please draw a cross on the line to show how much in the past week, being made to go to bed earlier than you wanted to has made life difficult for you?



For this part of the question put a cross on the line which best marks how you feel. You can put a cross anywhere on the line. So if you feel that in the past week, being made to go to bed earlier than you wanted to has made your life a bit difficult, you might put a cross between the number 2 and the number 3.

- Some of the questions have two parts like the one above, some questions just ask you to put a cross on the scale.
- Please try and answer all of the questions if you can.
- This is not a test, there are no right or wrong answers.

In the past week...

1. how often have you felt short of breath or puffed out ?

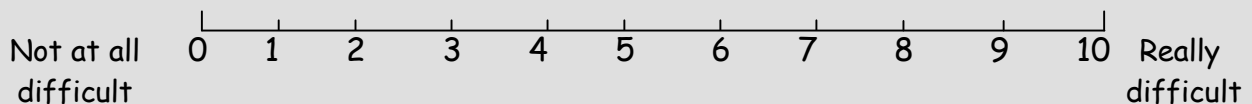
Not at all

A few days

Most days

Every day

1a. On the scale from 0 to 10 shown below, please draw a cross on the line to show how much in the past week, feeling short of breath or puffed out has made life difficult for you?



2. how often have you felt too tired?

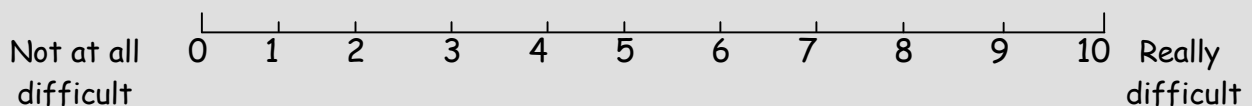
Not at all

A few days

Most days

Every day

2a. On the scale from 0 to 10 shown below, please draw a cross on the line to show how much in the past week, feeling too tired has made life difficult for you?



In the past week...

3. how often have you had aches and pains in any part of your body?

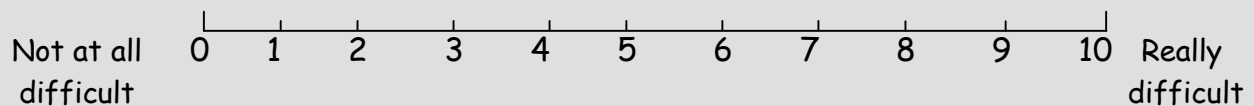
Not at all

A few days

Most days

Every day

3a. On the scale from 0 to 10 below, please draw a cross on the line to show how much in the past week, having aches and pains has made life difficult for you?



4. how often have you felt dizzy or faint?

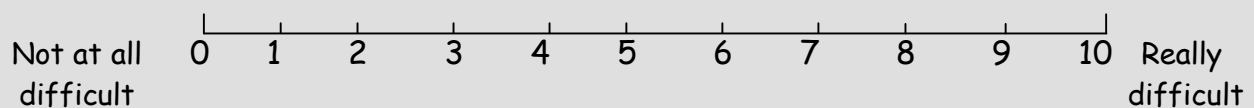
Not at all

A few days

Most days

Every day

4a. On the scale from 0 to 10 below, please draw a cross on the line to show how much in the past week, feeling dizzy or faint has made life difficult for you?



In the past week...

5. how often have you felt that you couldn't keep up with schoolwork and homework?

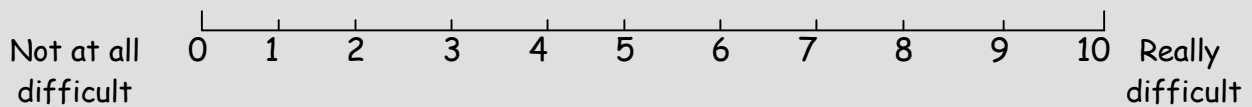
Not at all

A few days

Most days

Every day

5a. On the scale from 0 to 10 below, please draw a cross on the line to show how much in the past week, not feeling able to keep up with schoolwork and homework has made life difficult for you?



6. In the past week how often have you found it hard to concentrate at school?

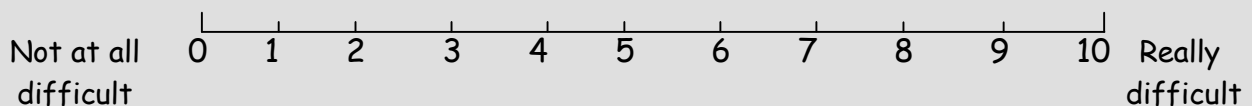
Not at all

A few days

Most days

Every day

6a. On the scale from 0 to 10 below, please draw a cross on the line to show how much in the past week, finding it hard to concentrate at school has made life difficult for you?



In the past week...

7. how often have you forgotten to do things you were supposed to do?

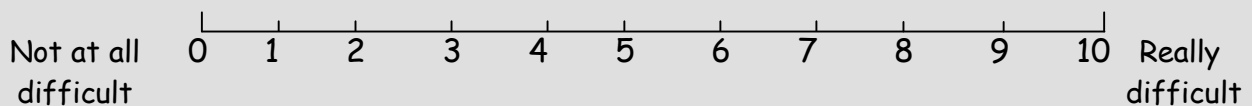
Not at all

A few days

Most days

Every day

7a. On the scale from 0 to 10 below, please draw a cross on the line to show how much in the past week, forgetting to do things you were supposed to do has made life difficult for you?



8. how often have you felt slowed down in your thoughts?

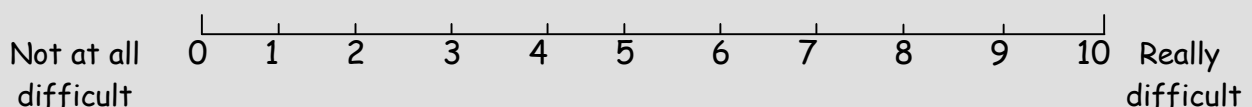
Not at all

A few days

Most days

Every day

8a. On the scale from 0 to 10 below, please draw a cross on the line to show how much in the past week, feeling slowed down in your thoughts has made life difficult for you?



In the past week...

9. how often have you felt sad or fed up?

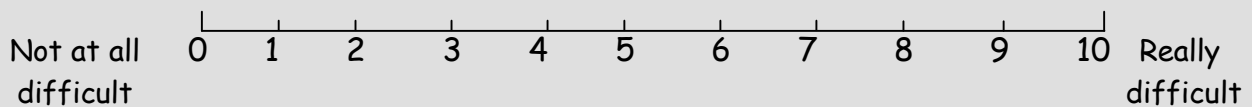
Not at all

A few days

Most days

Every day

9a. On the scale from 0 to 10 below, please draw a cross on the line to show how much in the past week, feeling sad or fed up has made life difficult for you.



10. how often have you felt worried or nervous?

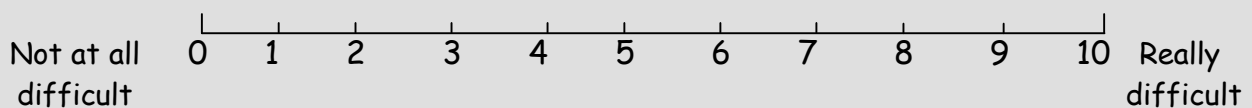
Not at all

A few days

Most days

Every day

10a. On the scale from 0 to 10 below, please draw a cross on the line to show how much in the past week, feeling worried or nervous has made life difficult for you.



In the past week...

11. how often have you felt like you were different to other people?

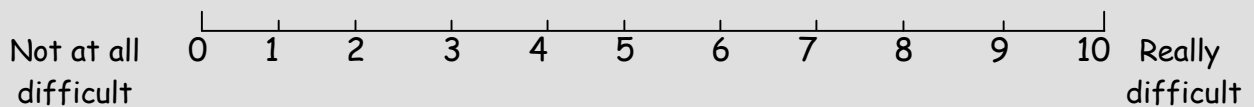
Not at all

A few days

Most days

Every day

11a. On the scale from 0 to 10 below, please draw a cross on the line to show how much in the past week, feeling like you were different to other people has made life difficult for you.



12. how often have you felt that people treated you differently from others?

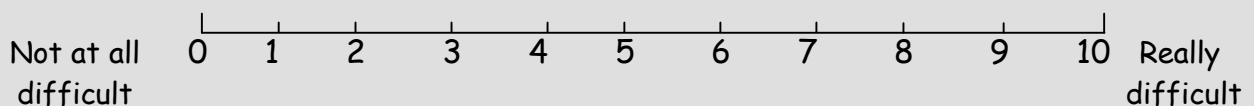
Not at all

A few days

Most days

Every day

12a. On the scale from 0 to 10 below, please draw a cross on the line to show how much in the past week, feeling that people treated you differently from others has made life difficult for you?



In the past week...

13. how often have you felt that there is something about the way you look that you don't like?

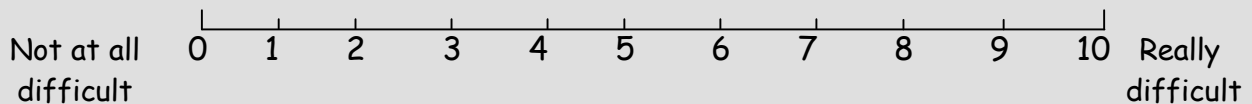
Not at all

A few days

Most days

Every day

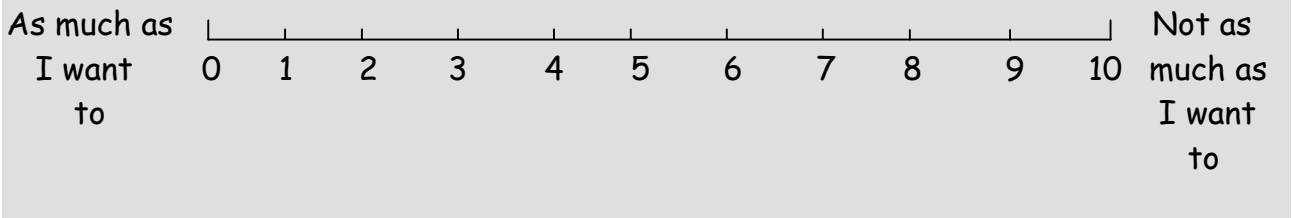
13a. On the scale from 0 to 10 below, please draw a cross on the line to show how much in the past week, feeling that there is something about the way you look that you don't like has made life difficult for you?



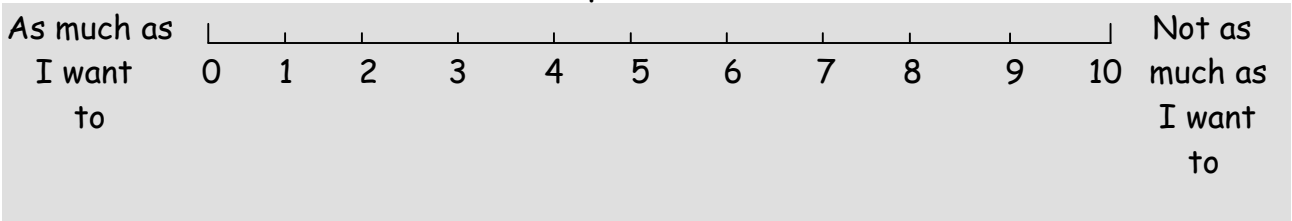
- In the past week how much have you been able to do the following activities?
- Please answer the questions by putting a cross on the scale.

In the past week...

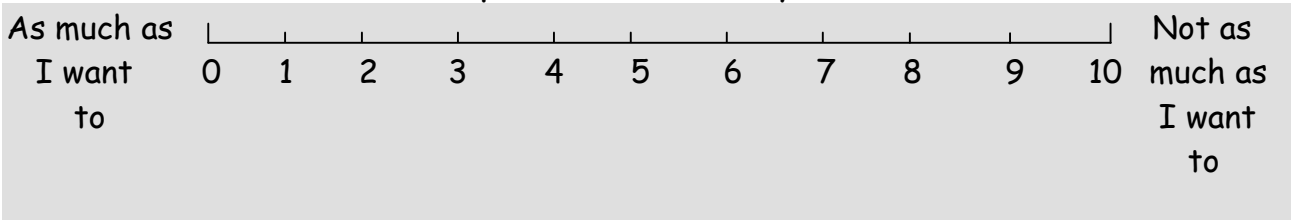
14. I have been able to run about ...



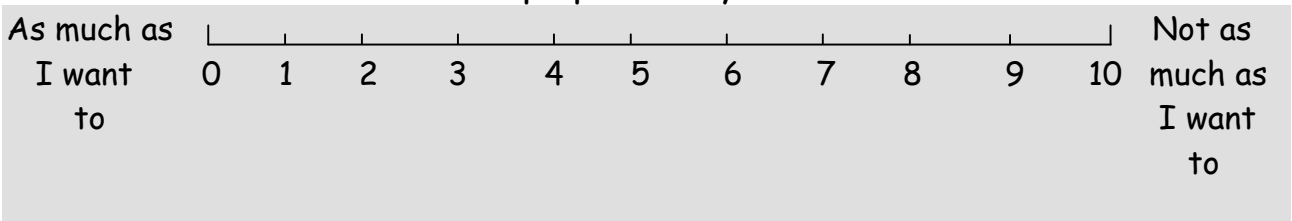
15. I have been allowed to do sports and exercise ...



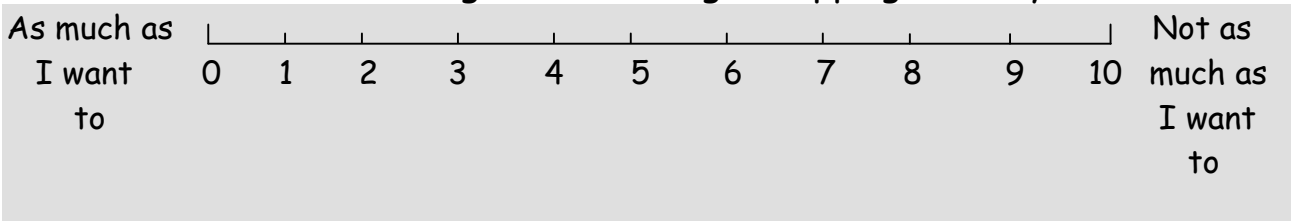
16. I have been able to spend time with my friends ...



17. I have been able to keep up with my friends ...

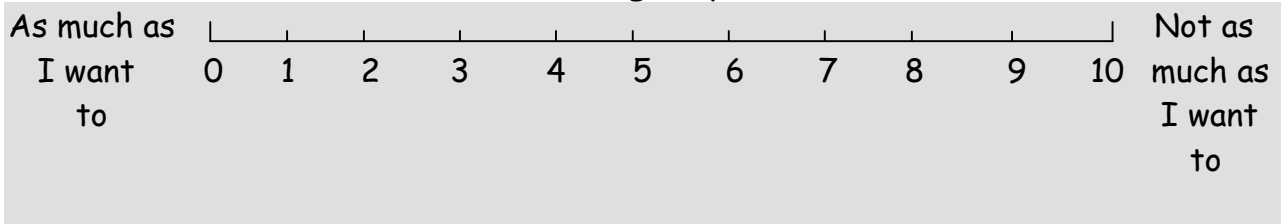


18. I have been able to go to town or go shopping with my friends ...

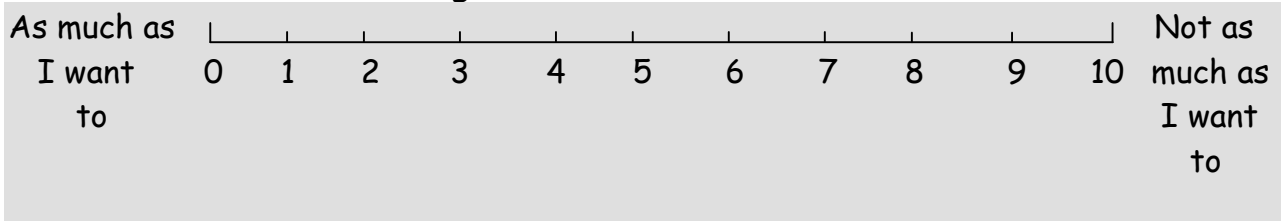


In the past week...

19. I have been allowed to do things my friends do ...



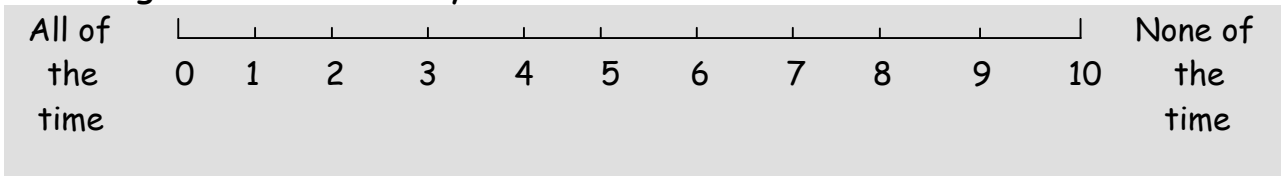
20. I have been able to go to clubs or do activities outside of school ...



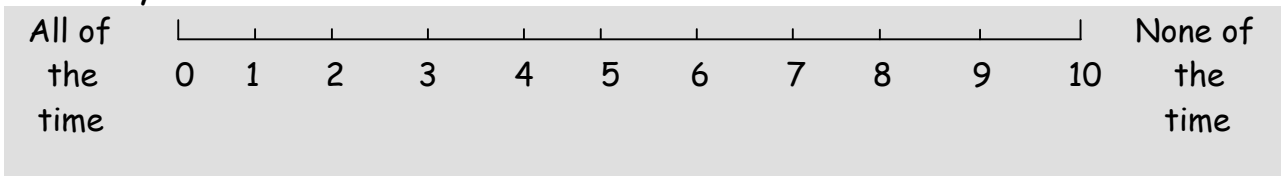
No clubs or activities this week

- In the past week how well do the following statements apply to you?
- Please answer the questions by putting a cross on the scale.

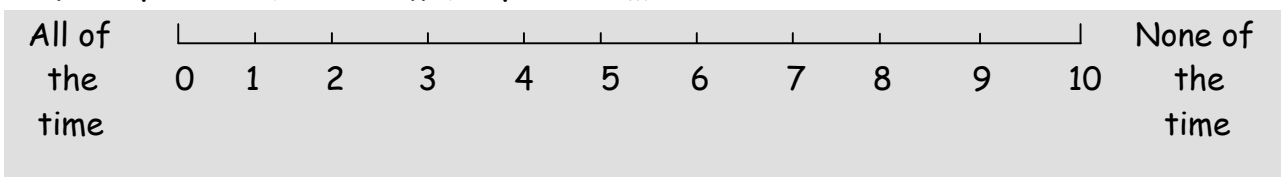
21. I get on well with my friends...



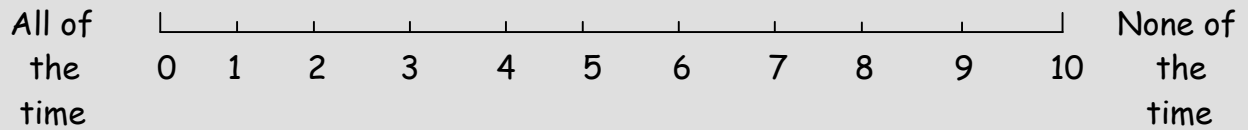
22. My friends look out for me...



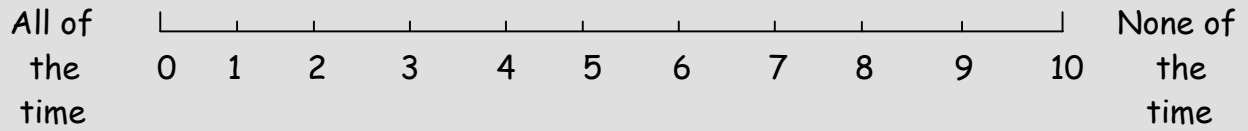
23. I find it hard to make friends...



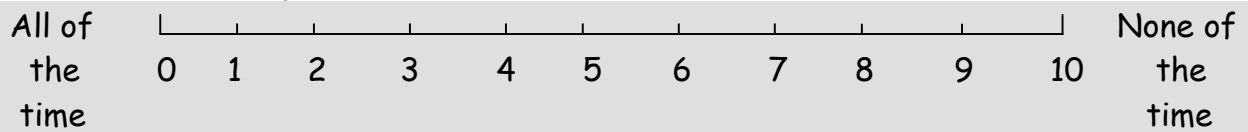
24. People fuss over me too much...



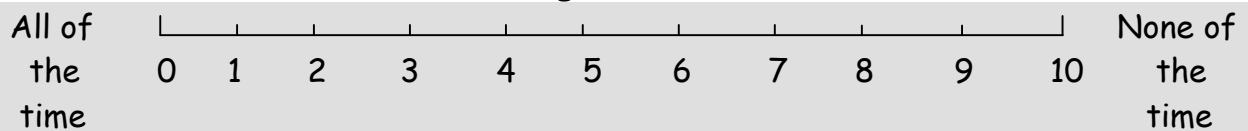
25. I get picked on and teased...



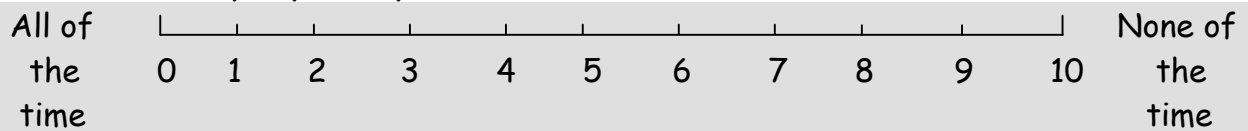
26. I feel lonely...



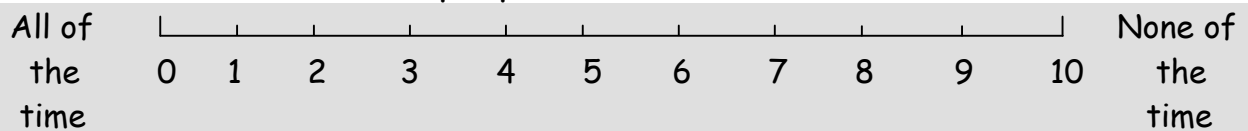
27. I am allowed to do the things I am able to do...



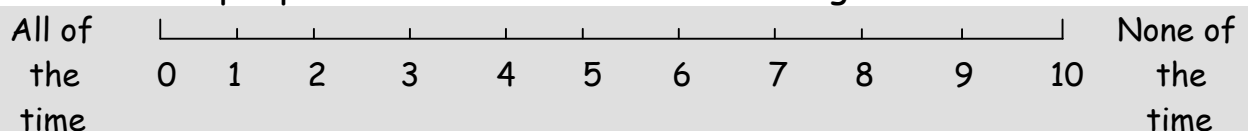
28. I think people expect me to do too much...



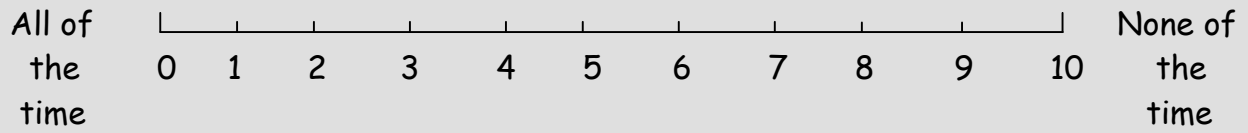
29. I can do more than people think...



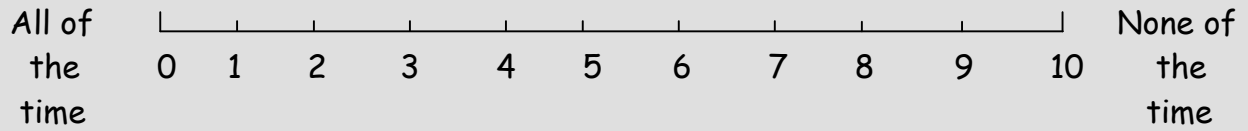
30. I think people understand what I can manage to do...



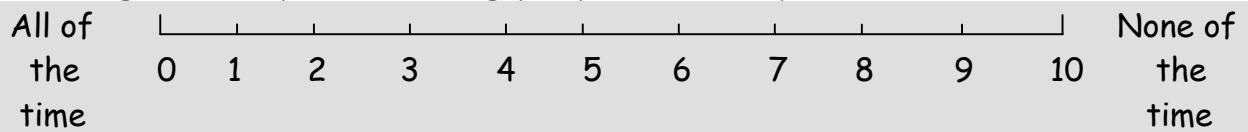
31. I feel like my body is not my own



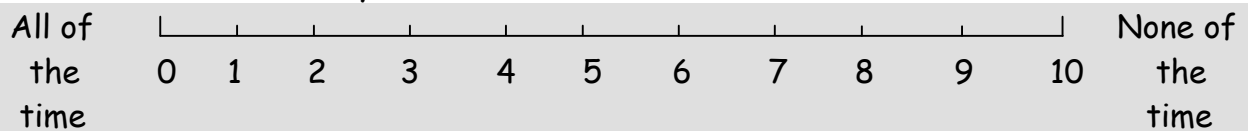
32. I feel like my health is out of my hands



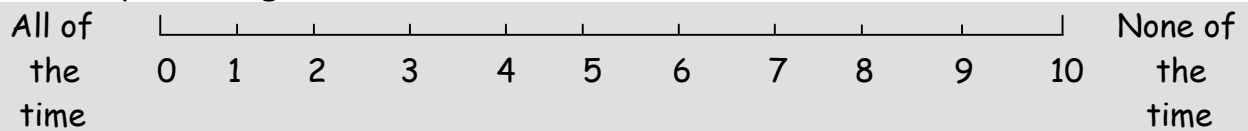
33. I get fed up with telling people about my health



34. I think about my heart



35. My life is good



36. How have you felt in the past week compared to how you feel most of the time?

