


Health

These questions ask about how your child is **today**. For each question, read all the choices and decide which one is most like your child **today**. Then put a tick in the box next to it like this . Only tick **one** box for each question.

Example

Today my child feels quite upset so I will tick this box.

Upset

- | | |
|---|-------------------------------------|
| My child doesn't feel upset today | <input type="checkbox"/> |
| My child feels a little bit upset today | <input type="checkbox"/> |
| My child feels a bit upset today | <input type="checkbox"/> |
| My child feels quite upset today | <input checked="" type="checkbox"/> |
| My child feels very upset today | <input type="checkbox"/> |

Q1 Worried

- | | |
|---|--------------------------|
| My child doesn't feel worried today | <input type="checkbox"/> |
| My child feels a little bit worried today | <input type="checkbox"/> |
| My child feels a bit worried today | <input type="checkbox"/> |
| My child feels quite worried today | <input type="checkbox"/> |
| My child feels very worried today | <input type="checkbox"/> |

Q2 Sad

- | | |
|---------------------------------------|--------------------------|
| My child doesn't feel sad today | <input type="checkbox"/> |
| My child feels a little bit sad today | <input type="checkbox"/> |
| My child feels a bit sad today | <input type="checkbox"/> |
| My child feels quite sad today | <input type="checkbox"/> |
| My child feels very sad today | <input type="checkbox"/> |

Health

Under each heading, please tick the **ONE** box that best describes your child **TODAY**.

Q3 Pain

- My child doesn't have any pain today ☐
- My child has a little bit of pain today ☐
- My child has a bit it pain today ☐
- My child has quite a lot of pain today ☐
- My child has lot of pain today ☐

Q4 Tired

- My child doesn't feel tired today ☐
- My child feels a little bit tired today ☐
- My child feels a bit tired today ☐
- My child feels quite tired today ☐
- My child feels very tired today ☐

Q5 Annoyed

- My child doesn't feel annoyed today ☐
- My child feels a little bit annoyed today ☐
- My child feels a bit annoyed today ☐
- My child feels quite annoyed today ☐
- My child feels very annoyed today ☐

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Under each heading, please tick the **ONE** box that best describes your child **TODAY**.

Q6 School work/homework (like reading, writing, doing lessons)

My child has no problems with their schoolwork/homework today ☐

My child has a few problems with their schoolwork/homework today ☐

My child has some problems with their schoolwork/homework today ☐

My child has many problems with their schoolwork/homework today ☐

My child can't do their schoolwork/homework today ☐

Q7 Sleep

Last night my child had no problems sleeping ☐

Last night my child had a few problems sleeping ☐

Last night my child has some problems sleeping ☐

Last night my child had many problems sleeping ☐

Last night my child couldn't sleep at all ☐

Q8 Daily routine (things like getting eating, having a bath/shower, getting dressed)

My child has no problems with their daily routine today ☐

My child has a few problems with their daily routine today ☐

My child has some problems with their daily routine today ☐

My child has many problems with their daily routine today ☐

My child can't do their daily routine today ☐

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Under each heading, please tick the **ONE** box that best describes your child **TODAY**.

Q9

Able to join in activities (things like playing out with their friends, doing sports, joining in things)

My child can join in with any activities today ☐

My child can join in with most activities today ☐

My child can join in with some activities today ☐

My child can join in with a few activities today ☐

My child can join in with no activities today ☐