



PLEASE COMPLETELY FILL IN THE ONE CIRCLE THAT BEST DESCRIBES YOUR ANSWER. (Example: ●)

During the past week, has your child been limited in any of the following activities due to HEALTH problems?

2. Doing things that take some energy such as riding a bike or skating?

4. During the past week, has your child been limited in the KIND of schoolwork or activities with friends he/she could do because of PHYSICAL health problems?

5. During the past week, has your child been limited in the KIND of schoolwork or activities with friends he/she could do because of EMOTIONAL or BEHAVIORAL problems?

6. During the past week, how much bodily pain or discomfort has your child had?

7. During the past week, how satisfied do you think your child has felt about his/her friendships?

8. During the past week, how satisfied do you think your child has felt about his/her life overall?

9. During the past week, how much of the time do you think your child acted bothered or upset?

10. Compared to other children your child's age, in general would you say his/her behavior is:

How would you rate the severity of your child's main health problem on a scale from 0 to 10?

Not severe 0 1 2 3 4 5 6 7 8 9 10 Worst imaginable

[illegible]

Service Date:

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