

SF-10 for Children™

1. During the past 4 weeks, has your child been limited in any of the following activities due to HEALTH problems?

	Yes, limited a lot	Yes, limited some	Yes, limited a little	No, not limited
a. Doing things that take some energy such as riding a bike or skating?	<input type="checkbox"/> 1	<input type="checkbox"/> 2.67	<input type="checkbox"/> 4.33	<input type="checkbox"/> 6
b. Bending, lifting, or stooping?	<input type="checkbox"/> 1	<input type="checkbox"/> 2.67	<input type="checkbox"/> 4.33	<input type="checkbox"/> 6

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

Yes, limited a lot	Yes, limited some	Yes, limited a little	No, not limited
<input type="checkbox"/> 1	<input type="checkbox"/> 2.67	<input type="checkbox"/> 4.33	<input type="checkbox"/> 6

3. During the past 4 weeks, has your child been limited in the KIND of schoolwork or activities with friends he/she could do because of EMOTIONAL or BEHAVIORAL problems?

Yes, limited a lot	Yes, limited some	Yes, limited a little	No, not limited
<input type="checkbox"/> 1	<input type="checkbox"/> 2.67	<input type="checkbox"/> 4.33	<input type="checkbox"/> 6

4. During the past 4 weeks, how much bodily pain or discomfort has your child had?

None	Very mild	Mild	Moderate	Severe	Very severe
<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

5. During the past 4 weeks, how satisfied do you think your child has felt about his/her ability to be a friend to others?

Very satisfied	Somewhat satisfied	Neither satisfied nor dissatisfied	Somewhat dissatisfied	Very dissatisfied
<input type="checkbox"/> 6	<input type="checkbox"/> 4.75	<input type="checkbox"/> 3.5	<input type="checkbox"/> 2.25	<input type="checkbox"/> 1

6. During the past 4 weeks, how satisfied do you think your child has felt about him/herself in general?

Very satisfied	Somewhat satisfied	Neither satisfied nor dissatisfied	Somewhat dissatisfied	Very dissatisfied
<input type="checkbox"/> 6	<input type="checkbox"/> 4.75	<input type="checkbox"/> 3.5	<input type="checkbox"/> 2.25	<input type="checkbox"/> 1

7. How true or false is this statement for your child? My child seems to be less healthy than other children I know.

Definitely true	Mostly true	Don't know	Mostly false	Definitely false
<input type="checkbox"/> 1	<input type="checkbox"/> 2.25	<input type="checkbox"/> 3.5	<input type="checkbox"/> 4.75	<input type="checkbox"/> 6

8. During the past 4 weeks, how much of the time do you think your child acted bothered or upset?

All of the time	Most of the time	Some of the time	A little of the time	None of the time
<input type="checkbox"/> 1	<input type="checkbox"/> 2.25	<input type="checkbox"/> 3.5	<input type="checkbox"/> 4.75	<input type="checkbox"/> 6

9. During the past 4 weeks, how often was your child poorly coordinated or clumsy?

Very often	Fairly often	Sometimes	Almost never	Never
<input type="checkbox"/> 1	<input type="checkbox"/> 2.25	<input type="checkbox"/> 3.5	<input type="checkbox"/> 4.75	<input type="checkbox"/> 6