



CHQ: Child Health Questionnaire (For content review only)

The Child Health Questionnaire™ (CHQ) is a family of generic quality of life instruments that have been designed and normed for children 5-to-18 years of age. The CHQ measures 14 unique physical and psychosocial concepts. The parent form is available in 2 lengths - 50 or 28 items. Scores can be analyzed separately, the CHQ Profile Scores, or combined to derive an overall physical and psychosocial score, the CHQ Summary Scores. In April 2008 HealthActCHQ released the first-ever electronic CHQ Scoring and Interpretation Manual. The 212-page Manual provides information about the conceptual framework and development of the CHQ, the proprietary scoring algorithms, norms and rules for interpretation. The interactive CD-rom features hyperlinks in both the Table of Contents and the Appendix of Tables for smooth navigation. Users can also click on URLs within the Manual to access the latest updates on translations and the online Bibliography at the HealthActCHQ website. The CHQ surveys and translations are made available upon approval of registration and payment.

In the US, normative values and benchmarks for the parent-reported versions of the CHQ are available for some conditions. The CHQ has been extensively translated using rigorous international guidelines. The youth self-report version is 87 items, and was developed for ages 10 and older. Authorized translations are available from HealthActCHQ. Norms, benchmarks, and summary scoring for the youth version will be forthcoming upon the development and testing of a short-form by the Principal Developer.

Child Health Questionnaire Parent Form 28 Questions

- In general, how would you rate your child's health?
- Has your child been limited in any of the following activities due to health problems - doing things that take a lot of energy, such as playing soccer or running; doing things that take some energy such as riding a bike or skating; bending, lifting, or stooping
- Has your child's been limited in the amount of time he/she could spend on schoolwork or activities with friends due to emotional difficulties or problems with his/her behavior?
- Has your child been limited in the kind of schoolwork or activities he/she could do with friends due to problems with his/her physical health?
- How often has your child had bodily pain or discomfort?
- How often did each of the following statements describe your child - argued a lot; had difficulty concentrating or paying attention; lied/cheated?
- Compared to other children your child's age, in general how would you rate his/her behavior?
- How much of the time do you think your child: felt lonely; acted nervous; bothered or upset?
- How satisfied do you think your child has felt about: his/her school ability; friendships; life overall?
- My child seems to be less healthy than other children I know; My child has never been seriously ill; I worry more about my child's health than other people.
- Compared to one year ago, how would you rate your child's health now?
- How much emotional worry or concern did each of the following cause you - your child's physical health; emotional well-being or behavior?
- Were you limited in the amount of time you had for your own needs because of your child's - physical health; emotional well-being or behavior?
- How often has your child's health or behavior - limited the types of activities you could do as a family; interrupted various everyday family activities (eating meals, watching tv)?
- In general, how would you rate your family's ability to get along with one another?

Child Health Questionnaire Parent Form 50 Questions

- In general, how would you rate your child's health?
- Has your child been limited in any of the following activities due to health problems - doing things that take a lot of energy, such as playing soccer or running; doing things that take some energy such as riding a bike or skating; ability (physically) to get around the neighborhood, playground, or school; walking one block or climbing one flight of stairs; bending, lifting, /stooping; taking care of him/herself?
- Has your child's school work or activities with friends been limited in any of the following ways due to emotional difficulties or problems with his/her behavior - limited in the kind of schoolwork or activities with friends he/she could do; limited in the amount of time he/she could spend on schoolwork or activities with friends; limited in performing schoolwork or activities with friends?
- Has your child's school work or activities with friends been limited in any of the following ways due to problems with his/her physical health - limited in the kind of schoolwork or activities with friends he/she could do; limited in the amount of time he/she could spend on schoolwork or activities with friends?
- How much bodily pain or discomfort has your child had?
- How often has your child had bodily pain or discomfort?
- How often did each of the following statements describe your child - argued a lot; had difficulty concentrating or paying attention; lied/cheated; stole things; had tantrums?
- Compared to other children your child's age, in general how would you rate his/her behavior?
- How much of the time do you think your child: felt like crying; felt lonely; acted nervous; bothered or upset; cheerful?
- How satisfied do you think your child has felt about: his/her school ability; athletic ability; friendships; looks/appearance; family relationships; life overall?
- My child seems to be less healthy than other children I know; My child has never been seriously ill; When there is something going around my child usually catches it; I expect my child will have a very healthy life; I worry more about my child's health than other people.
- Compared to one year ago, how would you rate your child's health now?
- How much emotional worry or concern did each of the following cause you - your child's physical health; emotional well-being or behavior; attention or learning abilities?
- Were you limited in the amount of time you had for your own needs because of your child's - physical health; emotional well-being or behavior; attention or learning abilities?
- How often has your child's health or behavior - limited the types of activities you could do as a family; interrupted various everyday family activities; limited your ability as a family to "pick up and go"; caused tension or conflict; been a source of disagreements or arguments in your family; caused you to cancel or change plans (personal or work) at the last minute?
- In general, how would you rate your family's ability to get along with one another?

Child Health Questionnaire Child Form 87 Questions

- In general, how would you say your health is?
- Has it been difficult for you to do the following activities due to health problems - doing things that take a lot of energy, such as playing soccer or running; doing things that take some energy such as riding a bike or skating; walk several blocks or climb several flights of stairs; ability (physically) to get around the neighborhood, playground, or school; walk one block or climbing one flight of stairs; do your tasks around the house; bend, lift or stoop; eat, dress, bathe or go to the toilet by yourself; get in/out of bed?
- Has it been difficult to do certain kinds of schoolwork or activities with friends because of problems like feeling sad or worried; spend the usual amount of time on schoolwork or activities with friends; get schoolwork done at all or do any activities with friends?
- Has it been difficult to do certain kinds of schoolwork or activities with friends because of problems with your behavior; spend the usual amount of time on schoolwork or activities with friends; get schoolwork done at all or do any activities with friends?
- Has it been difficult to do certain kinds of schoolwork or activities with friends because of problems with your physical health; spend the usual amount of time on schoolwork or activities with friends; get schoolwork done at all or do any activities with friends?
- How much bodily pain or discomfort have you had?

- How often have you had bodily pain or discomfort?
- How often did each of the following statements describe you; acted to young for your age; argued; had a hard time paying attention; did not do what your teacher or parent asked you to do; wanted to be alone; lied/cheated; had a hard time getting others to like you; felt clumsy; ran away from home; had speech problems; stole things at home or outside the home; acted mean or moody if you did not get what you wanted; got really mad when you did not get what you wanted; found it hard to be with others; had a hard time getting along with others.
- Compared to other children your age, in general how would you rate your behavior?
- How much of the time do you: feel sad; feel like crying; feel afraid or scared; worry about things; feel lonely; feel unhappy; feel nervous; feel bothered or upset; feel happy; feel cheerful; enjoy the things you do; have fun; feel jittery or restless; have trouble sleeping; have headaches; like yourself?
- How good or bad have you felt about: yourself; your school work; your ability to play sports; your friendships; the things you can do; the way you get along with others; your body and your looks; the way you seem to feel most of the time; the way you get along with your family; the way life seems to be for you; your ability to be a friend to others; the way others seem to feel about you; your ability to talk with others; your health in general?
- My health is excellent; I was so sick once I thought I might die; I do not seem to get very sick; I seem to be less healthy than other kids I know; I have never been very, very sick; I always seem to get sick; I think I will be less healthy when I get older; I think I will be very healthy when I get older; I never worry about my health; I think I am healthy now; I think I worry more about my health than other kids my age.
- Compared to one year ago, how would you rate your health now?
- How often has your health or behavior - limited the types of activities you could do as a family; interrupted various everyday family activities; limited your ability as a family to "pick up and go"; caused tension or conflict; been a source of disagreements or arguments in your family; caused your family to cancel or change plans at the last minute?
- In general, how would you rate your family's ability to get along with one another?