

ACT/SJLIFE Questionnaire

11-17 Years of Age

Self Report



The questions in this booklet relate to:

name

Person completing this questionnaire is:

percomp

text

Your relationship:

1 Self **relation**

Today's date:

datecomp

| | | | | | | | | | |
|----------|----------|---|----------|----------|---|----------|----------|----------|----------|
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MRN:

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MRN

Core:

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Core

Our mailing address is:
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Department of Epidemiology
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Memphis, TN 38105-3678

Toll-free phone number:
1-800-775-2167

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SJLIFE@stjude.org

SEQNUM

Please! Do not mark below this line

Survey #326

2680401539

01/12/2022 10:10:07 AM

Current Health Problems (Review of Systems)

Are you **currently having problems** with any of the conditions below:

| | 1 | 2 | Yes | No |
|---|--------------------------|--------------------------|-----|----|
| Frequent headaches. roshdache | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Problems seeing. rossee | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Problems hearing. roshear | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Dizziness or unsteadiness. rosdizzy | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Problems walking. roswalk | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Frequently tired. rostired | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Changes in appetite or eating habits. roseat | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Sensitivity to heat or cold. rostemp | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Chest pain. roschstpn | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Rapid or irregular heartbeat. roshtbt | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Frequent or severe belly pain. rosblypn | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Frequent constipation. rosconst | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Frequent diarrhea. rosdiarh | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Frequent need to urinate. rosurine | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Burning or pain with urination. rosurpn | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Back pain. rosbkpn | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Any other chronic pain. rosotpn | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Problems with menstrual periods. rosmens | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Heavy periods with excessive bleeding. roshvyper | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Irregular or frequently missed periods. rosmisper | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Severe cramping. rosclamp | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Problems with sexual functioning. rossexf | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Problems with memory, thinking, forgetting which affect school or work performance. rosmem | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Problems controlling temper or anger. rostemper | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Difficulty getting along with others. rossocial | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Increased worries or upsetting thoughts. rosworry | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Problems with anxiety/panic attacks. rosanx | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Frequently feeling sad, blue or depressed. rosdep | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Problems sleeping or frequent use of sleep medicines. rosleep | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Increased use of tobacco, alcohol or other drugs. rosalch | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Use of over the counter weight loss medicine. rosweight | <input type="checkbox"/> | <input type="checkbox"/> | | |

1. In the **past 12 months**, have you ever wished you were dead or wished you could go to sleep and never wake up?

- 2 No **shwish**
 1 Yes

2. In the **past 12 months**, have you had any thoughts about hurting or killing yourself?

- 2 No **shthought**
 1 Yes

3. In the **past 12 months**, have you ever done anything to try to hurt or kill yourself?

- 2 No **shtry**
 1 Yes

Please! Do not mark below this line