St. Jude Children's Research Hospital
ALSAC • Danny Thomas, Founder
Finding cures. Saving children.

SJLIFE

Behavior Survey
11-17 Years of Age Self Report

The questions in this booklet relate to:

Person completing this questionnaire is:

Your relationship:

☐ Self

Today's date: ☐☐ / ☐☐ / ☐☐☐☐
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Survey #228

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A1. Would you rate yourself as being:

- ☐ Completely disabled
- ☐ Mildly disabled
- ☐ Severely disabled
- ☐ Not at all disabled
- ☐ Moderately disabled

A2. In general, would you say your health is:

- ☐ Excellent
- ☐ Fair
- ☐ Very good
- ☐ Poor
- ☐ Good

A3. Compared to one year ago, how would you rate your health in general now?

- ☐ Much better now than one year ago
- ☐ Somewhat better now than one year ago
- ☐ About the same as one year ago
- ☐ Somewhat worse now than one year ago
- ☐ Much worse now than one year ago

A4. Please respond to each item by marking one box per row.

In the past 7 days. . . .	With no trouble	With a little trouble	With some trouble	With a lot of trouble	Not able to do
a. I could do sports and exercise that other kids my age could do	☐	☐	☐	☐	☐
b. I could get up from the floor	☐	☐	☐	☐	☐
c. I could keep up when I played with other kids	☐	☐	☐	☐	☐
d. I could move my legs	☐	☐	☐	☐	☐
e. I could stand up by myself	☐	☐	☐	☐	☐
f. I could stand up on my tiptoes	☐	☐	☐	☐	☐
g. I could walk up stairs without holding on to anything	☐	☐	☐	☐	☐
h. I have been physically able to do the activities I enjoy most	☐	☐	☐	☐	☐

A5. Please respond to each item by marking one box per row.

In the past 7 days. . . .	Never	Almost Never	Sometimes	Often	Almost Always
a. I felt accepted by other kids my age.	☐	☐	☐	☐	☐
b. I was able to count on my friends	☐	☐	☐	☐	☐
c. I was able to talk about everything with my friends	☐	☐	☐	☐	☐
d. I was good at making friends	☐	☐	☐	☐	☐
e. My friends and I helped each other out	☐	☐	☐	☐	☐
f. Other kids wanted to be my friend	☐	☐	☐	☐	☐
g. Other kids wanted to be with me	☐	☐	☐	☐	☐
h. Other kids wanted to talk to me	☐	☐	☐	☐	☐

A6. Please respond to each item by marking one box per row.

In the past 7 days. . . .	Never	Almost Never	Sometimes	Often	Almost Always
a. I had trouble sleeping when I had pain	☐	☐	☐	☐	☐
b. I felt angry when I had pain	☐	☐	☐	☐	☐
c. I had trouble doing schoolwork when I had pain	☐	☐	☐	☐	☐
d. It was hard for me to pay attention when I had pain	☐	☐	☐	☐	☐
e. It was hard for me to run when I had pain	☐	☐	☐	☐	☐
f. It was hard for me to walk one block when I had pain	☐	☐	☐	☐	☐
g. It was hard to have fun when I had pain	☐	☐	☐	☐	☐
h. It was hard to stay standing when I had pain	☐	☐	☐	☐	☐

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A7. Do you <u>currently</u> have pain as a result of your cancer or similar illness, or its treatment?

- ☐ No pain
- ☐ Small amount of pain
- ☐ Medium amount of pain
- ☐ A lot of pain
- ☐ Very bad, excruciating pain

ANGER

Please respond to each item by marking one box per row. In the <u>past 7 days</u> . . . .

	Never	Almost Never	Sometimes	Often	Almost Always
B1. I felt fed up	☐	☐	☐	☐	☐
B2. I felt mad	☐	☐	☐	☐	☐
B3. I felt upset.	☐	☐	☐	☐	☐
B4. I was so angry I felt like throwing something	☐	☐	☐	☐	☐
B5. I was so angry I felt like yelling at somebody	☐	☐	☐	☐	☐

ANXIETY

Please respond to each item by marking one box per row. In the <u>past 7 days</u> . . . .

	Never	Almost Never	Sometimes	Often	Almost Always
B6. I felt like something awful might happen	☐	☐	☐	☐	☐
B7. I felt nervous	☐	☐	☐	☐	☐
B8. I felt scared	☐	☐	☐	☐	☐
B9. I felt worried	☐	☐	☐	☐	☐
B10. I worried when I was at home	☐	☐	☐	☐	☐
B11. I got scared really easy	☐	☐	☐	☐	☐
B12. I worried about what could happen to me	☐	☐	☐	☐	☐
B13. I worried when I went to bed at night.	☐	☐	☐	☐	☐

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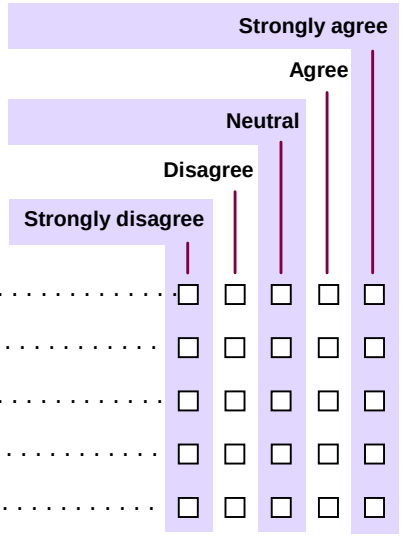
WORRY

For each of the following, mark the answer that best describes how you feel.



C1. I have general fears about cancer . . . . . ☐ ☐ ☐ ☐ ☐

C2. I am concerned about physical problems related to my cancer . . . . . ☐ ☐ ☐ ☐ ☐

C3. I am worried about my appearance . . . . . ☐ ☐ ☐ ☐ ☐

C4. I am worried about my cancer coming back . . . . . ☐ ☐ ☐ ☐ ☐

C5. I mostly worry about my cancer and its treatment right before I go for a check-up . . . . . ☐ ☐ ☐ ☐ ☐

C6. Do you <u>currently</u> have anxieties/fears as a result of your cancer or similar illness, or its treatment?

☐ No anxiety/fears

☐ Small amount of anxiety/fears

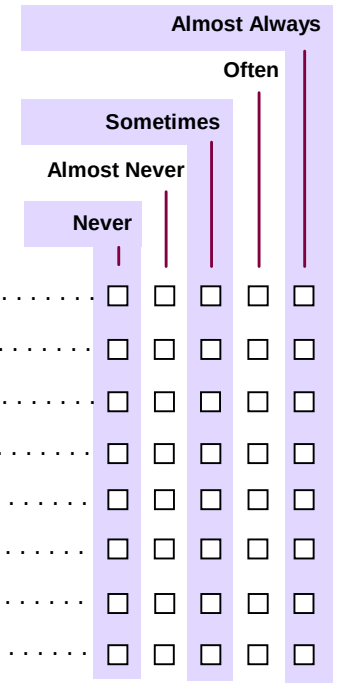
☐ Medium amount of anxiety/fears

☐ A lot of anxiety/fears

☐ Very many, extreme anxiety/fears

MOOD

Please respond to each item by marking one box per row. In the <u>past 7 days</u> . . . .



C7. I could not stop feeling sad . . . . . ☐ ☐ ☐ ☐ ☐

C8. I felt alone . . . . . ☐ ☐ ☐ ☐ ☐

C9. I felt everything in my life went wrong . . . . . ☐ ☐ ☐ ☐ ☐

C10. I felt like I couldn't do anything right . . . . . ☐ ☐ ☐ ☐ ☐

C11. I felt lonely . . . . . ☐ ☐ ☐ ☐ ☐

C12. I felt sad . . . . . ☐ ☐ ☐ ☐ ☐

C13. I felt unhappy . . . . . ☐ ☐ ☐ ☐ ☐

C14. It was hard for me to have fun . . . . . ☐ ☐ ☐ ☐ ☐

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D1. In the past 12 months, have you ever wished you were dead or wished you could go to sleep and never wake up?

☐ No

☐ Yes

D2. In the past 12 months, have you had any thoughts about hurting or killing yourself?

☐ No

☐ Yes

D3. In the past 12 months, have you ever done anything to try to hurt or kill yourself?

☐ No

☐ Yes

FATIGUE

Questions E1 to E10 relate to the past 7 days.

	Never	Almost Never	Sometimes	Often	Almost Always
E1. Being tired made it hard for me to play or go out with my friends as much as I'd like.	☐	☐	☐	☐	☐
E2. I felt weak.	☐	☐	☐	☐	☐
E3. I got tired easily	☐	☐	☐	☐	☐
E4. Being tired made it hard for me to keep up with my schoolwork	☐	☐	☐	☐	☐
E5. I had trouble finishing things because I was too tired	☐	☐	☐	☐	☐
E6. I had trouble starting things because I was too tired	☐	☐	☐	☐	☐
E7. I was so tired it was hard for me to pay attention	☐	☐	☐	☐	☐
E8. I was too tired to do sports or exercise	☐	☐	☐	☐	☐
E9. I was too tired to do things outside	☐	☐	☐	☐	☐
E10. I was too tired to enjoy the things I like to do.	☐	☐	☐	☐	☐

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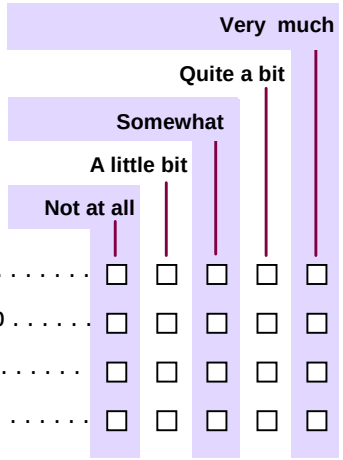
SLEEP

Questions F1 to F8 relate to the <u>past 7 days</u>.

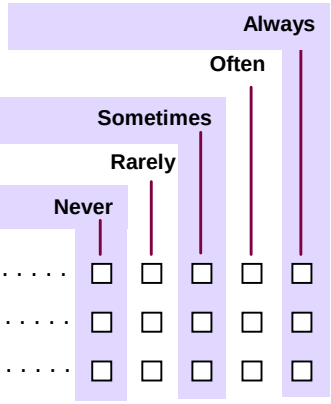


F1. My sleep was restless . . . . . ☐ ☐ ☐ ☐ ☐

F2. I was satisfied with my sleep . . . . . ☐ ☐ ☐ ☐ ☐

F3. My sleep was refreshing. . . . . ☐ ☐ ☐ ☐ ☐

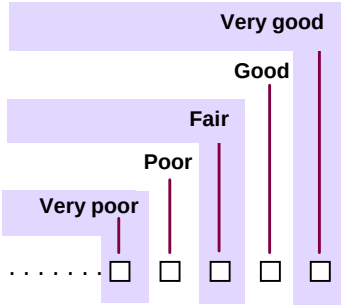
F4. I had difficulty falling asleep. . . . . ☐ ☐ ☐ ☐ ☐



F5. I had trouble staying asleep . . . . . ☐ ☐ ☐ ☐ ☐

F6. I had trouble sleeping . . . . . ☐ ☐ ☐ ☐ ☐

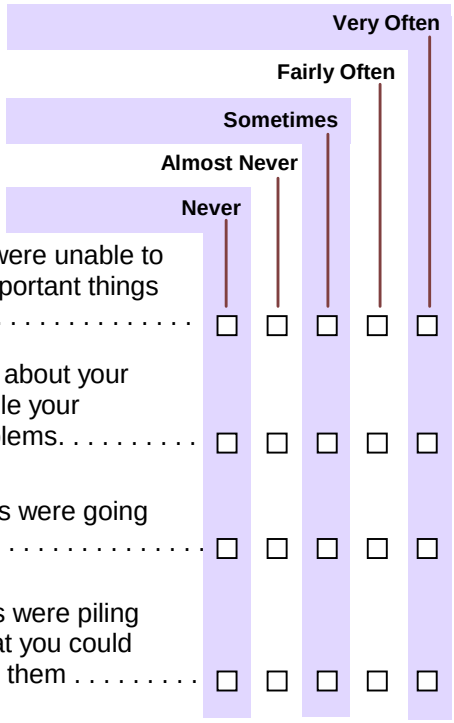
F7. I got enough sleep. . . . . ☐ ☐ ☐ ☐ ☐



F8. My sleep quality was . . . . . ☐ ☐ ☐ ☐ ☐

DAILY STRESS

These questions ask about your feelings and thoughts during the <u>last month</u>. For each item, please indicate with a mark how often you felt or thought a certain way.



G1. Felt that you were unable to control the important things in your life . . . . . ☐ ☐ ☐ ☐ ☐

G2. Felt confident about your ability to handle your personal problems. . . . . ☐ ☐ ☐ ☐ ☐

G3. Felt that things were going your way . . . . . ☐ ☐ ☐ ☐ ☐

G4. Felt difficulties were piling up so high that you could not overcome them . . . . . ☐ ☐ ☐ ☐ ☐

Continue on next page.

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H1. The next question asks about problems you may have had after a very stressful experience. It could be something that happened to you directly, something you witnessed or something you learned happened to a close family member or close friend. Some examples include a serious accident, a death, or any event when you thought you (or someone close to you) might be hurt. In a few words or a phrase, please write down the event.

H2. About how old were you when this stressful event happened?

☐☐
Years

Please! Do not mark below this line

Keeping your most stressful event in mind, carefully read each problem below and mark one of the boxes on the right to indicate how much of the time you have been bothered by that problem in the past month.

	None (never)	Little (2 times a month)	Some (1-2 times a week)	Much (2-3 times a week)	Most (almost every day)
H3. I am on the lookout for danger or things that I am afraid of (like looking over my shoulder even when nothing is there)	☐	☐	☐	☐	☐
H4. I have thoughts like "I am bad."	☐	☐	☐	☐	☐
H5. I try to stay away from people, places, or things that remind me about what happened	☐	☐	☐	☐	☐
H6. I get upset easily or get into arguments or physical fights	☐	☐	☐	☐	☐
H7. I feel like I am back at the time when the bad thing happened, like it's happening all over again	☐	☐	☐	☐	☐
H8. I feel like what happened was sickening or gross	☐	☐	☐	☐	☐
H9. I don't feel like doing things with my family or friends or other things that I liked to do	☐	☐	☐	☐	☐
H10. I have trouble concentrating or paying attention	☐	☐	☐	☐	☐
H11. I have thoughts like, "The world is really dangerous."	☐	☐	☐	☐	☐
H12. I have bad dreams about what happened, or other bad dreams	☐	☐	☐	☐	☐
H13. When something reminds me of what happened I get very upset, afraid, or sad	☐	☐	☐	☐	☐
H14. I have trouble feeling happiness or love	☐	☐	☐	☐	☐
H15. I try not to think about or have feelings about what happened	☐	☐	☐	☐	☐
H16. When something reminds me of what happened, I have strong feelings in my body like my heart beats fast, my head aches or my stomach aches	☐	☐	☐	☐	☐
H17. I am mad with someone for making the bad thing happen, not doing more to stop it, or to help after	☐	☐	☐	☐	☐
H18. I have thoughts like "I will never be able to trust other people."	☐	☐	☐	☐	☐
H19. I feel alone even when I am around other people	☐	☐	☐	☐	☐
H20. I have upsetting thoughts, pictures or sounds of what happened come into my mind when I don't want them to	☐	☐	☐	☐	☐
H21. I feel that part of what happened was my fault	☐	☐	☐	☐	☐
H22. I hurt myself on purpose	☐	☐	☐	☐	☐
H23. I have trouble going to sleep, wake up often, or have trouble getting back to sleep	☐	☐	☐	☐	☐
H24. I feel ashamed or embarrassed over what happened	☐	☐	☐	☐	☐
H25. I have trouble remembering important parts of what happened	☐	☐	☐	☐	☐
H26. I feel jumpy or startle easily, like when I hear a loud noise or when something surprises me	☐	☐	☐	☐	☐
H27. I feel afraid or scared	☐	☐	☐	☐	☐
H28. I do risky or unsafe things that could really hurt me or someone else	☐	☐	☐	☐	☐
H29. I want to get back at someone for what happened	☐	☐	☐	☐	☐

Please! Do not mark below this line