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

SJLIFE

Behavior Survey
5-10 Years of Age Parent Report
Control

The questions in this booklet relate to:

Person completing this questionnaire is:

Your relationship:

☐ Parent ☐ Other: _____

Today's date: ☐☐ / ☐☐ / ☐☐☐☐
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Survey #250

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SCHOOL HISTORY

A1. Is your child currently in school?

☐ Yes *If yes, what grade is he/she in?* ☐☐

☐ No *If no, please explain.*

A2. What is the highest grade or level of schooling that your child's mother has completed?

☐ 1 - 8 years (grade school)
☐ 9 - 12 years (high school), but did not graduate
☐ Completed high school/GED
☐ Training after high school, other than college
☐ Some college
☐ College graduate
☐ Post-graduate level
☐ Not Applicable
☐ Unknown
☐ Other *Specify.*

A3. What is the highest grade or level of schooling that your child's father has completed?

☐ 1 - 8 years (grade school)
☐ 9 - 12 years (high school), but did not graduate
☐ Completed high school/GED
☐ Training after high school, other than college
☐ Some college
☐ College graduate
☐ Post-graduate level
☐ Not Applicable
☐ Unknown
☐ Other *Specify.*

Continue on next page.

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A4. In school was your child ever in any of the following programs? *(Mark all that apply)*

	No	Yes	Not sure
Advanced placement or talented program?	☐	☐	☐
Homebound education (instruction at home by a school teacher) for at least one school year?	☐	☐	☐
Learning disabled or special education program?	☐	☐	☐

If no, skip to A6.

If yes, was he/she in the program because of. . .

a. Missed school.	☐	☐	☐
b. Low scores on tests.	☐	☐	☐
c. Problems learning or concentrating.	☐	☐	☐
i. In Reading?	☐	☐	☐
ii. In Math?	☐	☐	☐
iii. In Writing?	☐	☐	☐
d. Emotional or behavioral problems	☐	☐	☐

A5. If your child was in a learning disabled or special education program, what grades was he/she in at that time? *(Mark all that apply)*

- ☐ Pre-K
- ☐ K
- ☐ 1st
- ☐ 2nd
- ☐ 3rd
- ☐ 4th
- ☐ 5th
- ☐ 6th

A6. Has your child ever . . .

	No	Yes	Not sure
a. Attended summer school?	☐	☐	☐
b. Repeated a grade?	☐	☐	☐
c. Skipped a grade?	☐	☐	☐
d. Taken adaptive physical education?	☐	☐	☐
e. Been suspended from school?	☐	☐	☐
f. Been expelled from school?	☐	☐	☐
g. Been physically bullied?	☐	☐	☐
h. Been emotionally bullied?	☐	☐	☐
i. Bullied others?	☐	☐	☐
j. Been socially isolated by classmates?	☐	☐	☐
k. Engaged in self harm?	☐	☐	☐
l. Engaged in dangerous or risky internet behavior?	☐	☐	☐

A7. Is your child currently receiving . . .

	No	Yes	Not sure
a. Physical therapy?	☐	☐	☐
b. Occupational therapy?	☐	☐	☐
c. Speech therapy?	☐	☐	☐
d. Counseling?	☐	☐	☐
e. Services via 504 plan?	☐	☐	☐
f. Services via IEP?	☐	☐	☐
g. Services for sensory impairment (vision/hearing)?	☐	☐	☐

A8. Has your child ever received neuropsychological/ psychoeducational assessment (also known as "testing")?

- ☐ No → *Go to Question B1 on next page.*
- ☐ Not sure
- ☐ Yes

A8a. Where did he/she get tested?

A8b. How many years has it been since your child's last testing took place? ☐☐ years

Please! Do not mark below this line

INSURANCE

Health Insurance

B1. Have you ever had difficulty obtaining health insurance for your child because of his/her health history?

☐ No → *Go to B2.*

☐ Yes

B1a. What previous health history made it difficult?

If yes, specify.

B2. Does your child currently have health insurance coverage?

☐ Non U. S. resident → *Go to C1.*

☐ No → *Go to C1.*

☐ Yes

B3. How is this insurance provided?
(Mark all that apply)

☐ Through parent's place of employment

☐ Through parent's policy

☐ Through a policy you have purchased for your child

☐ Affordable Care Act (Obama Care)

☐ Medicaid or other public assistance program

☐ Medicare

☐ Military dependent/Veteran's benefits (CHAMPUS)

☐ Other *If other, please specify.*

B3a. Does this health insurance plan have any exclusions or restrictions because of your child's health history?

☐ Don't know

☐ No

☐ Yes *If yes, please specify.*

B3b. Is there an extra premium charge on your health insurance policy because of your child's health history?

☐ Don't know

☐ No

☐ Yes

LIVING ARRANGEMENT

C1. What is your child's current living arrangement?
(Mark all that apply)

☐ Lives with parent(s)

☐ Lives with adult brother(s) and/or sister(s)

☐ Lives with other adult relative(s)

☐ Other

If Other, please specify.

INCOME

C2. Over the last year, what was the total income of the household your child lived in?

☐ Less than $20,000

☐ $20,000 - $39,999

☐ $40,000 - $59,999

☐ $60,000 - $79,999

☐ $80,000 - $99,999

☐ Over $100,000

☐ Don't know

C3. During the past year, how many people in this household were supported on this income?

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7

☐ 8

☐ 9 or more

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PHYSICAL FUNCTIONING

D1. Would you rate your child as being:

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

D2. In general, would you say your child's health is:

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

D3. Compared to one year ago, how would you rate your child's 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

D4. 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. My child could do sports and exercise that other kids his/her age could do	☐	☐	☐	☐	☐
b. My child could get up from the floor. .	☐	☐	☐	☐	☐
c. My child could keep up when he/she played with other kids	☐	☐	☐	☐	☐
d. My child could move his/her legs . . .	☐	☐	☐	☐	☐
e. My child could stand up without help	☐	☐	☐	☐	☐
f. My child could stand up on his/her tiptoes	☐	☐	☐	☐	☐
g. My child could walk up stairs without holding on to anything	☐	☐	☐	☐	☐
h. My child has been physically able to do the activities he/she enjoys most .	☐	☐	☐	☐	☐

Continue on next page.

SOCIAL FUNCTIONING

E1. About how many close friends does your child have?

- ☐ 0 → *Go to Question E3.*
- ☐ 1
- ☐ 2 or 3
- ☐ 4 or more

E2. About how many times a week does your child do things with close friends?

- ☐ Less than 1
- ☐ 1 or 2
- ☐ 3 or more

E3. Compared to other children of his/her age, how well does your child . . .

	Worse	About Same	Better
a. Get along with his/her brothers and sisters?	☐	☐	☐
b. Get along with other children?	☐	☐	☐
c. Behave with his/her parents?	☐	☐	☐
d. Play and work by himself/herself?	☐	☐	☐

E4. How well do the following statements describe your child's behavior?

	Often True	Sometimes True	Not True
a. Has sudden changes in mood or feelings	☐	☐	☐
b. Feels or complains that no one loves him/her	☐	☐	☐
c. Is rather high strung, tense, or nervous	☐	☐	☐
d. Cheats or tells lies	☐	☐	☐
e. Is too fearful or anxious	☐	☐	☐
f. Argues too much	☐	☐	☐
g. Has difficulty concentrating, cannot pay attention for long	☐	☐	☐
h. Is easily confused, seems to be in a fog	☐	☐	☐
i. Bullies, or is cruel or mean to others	☐	☐	☐
j. Is disobedient at home	☐	☐	☐
k. Is disobedient at school	☐	☐	☐
l. Does not seem to feel sorry after he/she misbehaves	☐	☐	☐

E4. (Cont.) How well do the following statements describe your child's behavior?

	Often True	Sometimes True	Not True
m. Has trouble getting along with other children	☐	☐	☐
n. Has trouble getting along with teachers	☐	☐	☐
o. Is impulsive, or acts without thinking	☐	☐	☐
p. Feels worthless or inferior	☐	☐	☐
q. Is not liked by other children	☐	☐	☐
r. Has a lot of difficulty getting his/her mind off certain thoughts, has obsessions	☐	☐	☐
s. Is restless or overly active, cannot sit still	☐	☐	☐
t. Is stubborn, sullen, or irritable	☐	☐	☐
u. Has a very strong temper and loses it easily	☐	☐	☐
v. Is unhappy, sad or depressed	☐	☐	☐
w. Is withdrawn, does not get involved with others	☐	☐	☐

Continue on next page.

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E5. Please respond to each item by marking one box per row.

In the past 7 days. . . .

	Never	Almost Never	Sometimes	Often	Almost Always
a. My child felt accepted by other kids his/her age	☐	☐	☐	☐	☐
b. My child was able to count on his/her friends	☐	☐	☐	☐	☐
c. My child was good at making friends.	☐	☐	☐	☐	☐
d. My child and his/her friends helped each other out	☐	☐	☐	☐	☐
e. Other kids wanted to be my child's friend	☐	☐	☐	☐	☐
f. Other kids wanted to be with my child	☐	☐	☐	☐	☐
g. Other kids wanted to talk to my child.	☐	☐	☐	☐	☐

SLEEP

F1 to F8 relate to the past 7 days.

	Not at all	A little bit	Somewhat	Quite a bit	Very much
F1. His/her sleep was restless	☐	☐	☐	☐	☐
F2. He/she was satisfied with his/her sleep	☐	☐	☐	☐	☐
F3. His/her sleep was refreshing.	☐	☐	☐	☐	☐
F4. He/she had difficulty falling asleep.	☐	☐	☐	☐	☐

	Never	Rarely	Sometimes	Often	Always
F5. He/she had trouble staying asleep .	☐	☐	☐	☐	☐
F6. He/she had trouble sleeping	☐	☐	☐	☐	☐
F7. He/she got enough sleep.	☐	☐	☐	☐	☐

	Very poor	Poor	Fair	Good	Very good
F8. His/her sleep quality was	☐	☐	☐	☐	☐

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PAIN

G1. For pain that your child has had during the past 4 weeks, where has this pain been located?
(Mark all that apply)

- ☐ My child did not have pain in the past 4 weeks.
- ☐ Head
- ☐ Neck
- ☐ Chest
- ☐ Hands/Arms
- ☐ Abdomen
- ☐ Back
- ☐ Pelvis
- ☐ Legs/Feet
- ☐ Other

If other, please specify.

G2. How much bodily pain has your child had during the past 4 weeks?

- ☐ None
- ☐ Very mild
- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Very severe

G3. Please respond to each item by marking one box per row.

In the past 7 days. . . .

	Never	Almost Never	Sometimes	Often	Almost Always
a. My child had trouble sleeping when he/she had pain	☐	☐	☐	☐	☐
b. My child felt angry when he/she had pain	☐	☐	☐	☐	☐
c. My child had trouble doing schoolwork when he/she had pain	☐	☐	☐	☐	☐
d. It was hard for my child to pay attention when he/she had pain	☐	☐	☐	☐	☐
e. It was hard for my child to run when he/she had pain	☐	☐	☐	☐	☐
f. It was hard for my child to walk one block when he/she had pain	☐	☐	☐	☐	☐
g. It was hard for my child to have fun when he/she had pain	☐	☐	☐	☐	☐
h. It was hard for my child to stay standing when he/she had pain	☐	☐	☐	☐	☐

Continue on next page.

MOOD

H1. Please respond to each item by marking one box per row.

In the past 7 days. . . .

	Never	Almost Never	Sometimes	Often	Almost Always
a. My child could not stop feeling sad	☐	☐	☐	☐	☐
b. My child felt everything in his/her life went wrong	☐	☐	☐	☐	☐
c. My child felt like he/she couldn't do anything right	☐	☐	☐	☐	☐
d. My child felt lonely	☐	☐	☐	☐	☐
e. My child felt sad	☐	☐	☐	☐	☐
f. My child thought that his/her life was bad	☐	☐	☐	☐	☐

H2. In the past 12 months, has your child ever made statements about wanting to hurt or kill him or herself?

☐ No

☐ Yes

H3. In the past 12 months, has your child ever done anything to try to hurt or kill him or herself?

☐ No

☐ Yes

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

In the past 7 days. . . .

	Never	Almost Never	Sometimes	Often	Almost Always
H4. My child felt nervous	☐	☐	☐	☐	☐
H5. My child felt scared	☐	☐	☐	☐	☐
H6. My child felt worried	☐	☐	☐	☐	☐
H7. My child felt like something awful might happen	☐	☐	☐	☐	☐
H8. My child thought about scary things	☐	☐	☐	☐	☐
H9. My child was afraid that he/she would make mistakes	☐	☐	☐	☐	☐
H10. My child worried about what could happen to him/her	☐	☐	☐	☐	☐
H11. My child worried when he/she went to bed at night	☐	☐	☐	☐	☐

ATTENTION/CONCENTRATION

Please read each item carefully and tell us how true it is about your child in the past month.

	Never or seldom	Occasionally	Often	Very often
I1. It is hard for my child to pay attention to details	☐	☐	☐	☐
I2. My child can't pay attention for long	☐	☐	☐	☐
I3. My child loses track of what he/she is supposed to do	☐	☐	☐	☐
I4. My child gets distracted by things that are going on around him/her	☐	☐	☐	☐
I5. My child has trouble finishing things	☐	☐	☐	☐
I6. My child has trouble concentrating	☐	☐	☐	☐

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DAILY STRESS

These questions ask about your child's feelings and thoughts during the last month. For each item, please indicate with a mark how often your child felt or thought a certain way.

	Never	Almost Never	Sometimes	Fairly Often	Very Often
J1. How often did your child appear frustrated by being unable to control or do something	☐	☐	☐	☐	☐
J2. How often did your child appear confident about his or her ability to handle personal problems	☐	☐	☐	☐	☐
J3. How often did your child seem to feel things were going well	☐	☐	☐	☐	☐
J4. How often did difficulties pile up so high that your child did not seem able to overcome them	☐	☐	☐	☐	☐

OTHER ISSUES

Please rate how concerned you are about the following:

	Very concerned	Somewhat concerned	Concerned	Not very concerned	Not at all concerned
K1. Your child's future health	☐	☐	☐	☐	☐
K2. Your child's ability to have children	☐	☐	☐	☐	☐
K3. Your child developing cancer	☐	☐	☐	☐	☐
K4. Your ability to get health insurance for your child	☐	☐	☐	☐	☐
K5. Your ability to get life insurance for your child	☐	☐	☐	☐	☐
K6. Your ability to cover expenses for health care for your child	☐	☐	☐	☐	☐
K7. Your ability to cover expenses for prescribed medicine for your child	☐	☐	☐	☐	☐
K8. Any other issues	☐	☐	☐	☐	☐

Please specify.

Please! Do not mark below this line

Has your child been diagnosed with any of the following medical problems?

L1. Depression ☐ Yes ☐ No

If yes, did your child ever receive treatment?

☐ Yes, in the past ☐ Yes, currently ☐ No

If yes, what type of treatment? ***(Mark all that apply)***

☐ Behavior/talk therapy/counseling

☐ Hospitalization

☐ Medication

List medications:

L2. Anxiety ☐ Yes ☐ No

If yes, did your child ever receive treatment?

☐ Yes, in the past ☐ Yes, currently ☐ No

If yes, what type of treatment? ***(Mark all that apply)***

☐ Behavior/talk therapy/counseling

☐ Hospitalization

☐ Medication

List medications:

L3. Attention Deficit Disorder (with or without hyperactivity) ☐ Yes ☐ No

If yes, did your child ever receive treatment?

☐ Yes, in the past ☐ Yes, currently ☐ No

If yes, what type of treatment? ***(Mark all that apply)***

☐ Behavior/talk therapy/counseling

☐ Hospitalization

☐ Medication

List medications:

L4. Bipolar Disorder ☐ Yes ☐ No

If yes, did your child ever receive treatment?

☐ Yes, in the past ☐ Yes, currently ☐ No

If yes, what type of treatment? ***(Mark all that apply)***

☐ Behavior/talk therapy/counseling

☐ Hospitalization

☐ Medication

List medications:

L5. Oppositional Defiant/Conduct Disorder ☐ Yes ☐ No

If yes, did your child ever receive treatment?

☐ Yes, in the past ☐ Yes, currently ☐ No

If yes, what type of treatment? ***(Mark all that apply)***

☐ Behavior/talk therapy/counseling

☐ Hospitalization

☐ Medication

List medications:

L6. Other psychiatric disorder (e.g. obsessive-compulsive disorder) ☐ Yes ☐ No

If yes, please specify the disorder:

If yes, did you ever receive treatment?

☐ Yes, in the past ☐ Yes, currently ☐ No

If yes, what type of treatment? ***(Mark all that apply)***

☐ Behavior/talk therapy/counseling

☐ Hospitalization

☐ Medication

List medications:

Do any of these medical conditions prevent your child from attending school or engaging in extracurricular activities on a regular basis (more days than not)?

☐ Yes ☐ No

If yes, which condition(s):

Please! Do not mark below this line

We are always interested in your input in the St. Jude Life study.
Use this space for any additional comments you may have:

Please! Do not mark below this line