YOUNGER KIDS: MEDICAL

First Name:			Initials:										
Age		(Grade			Date	of E	Birth	ı:		Sex	:	
difi situ	ferer uatio	nt pro	oblem at ha	s when s both	n they hered	y are	in t	the h	how ch nospita n have below:	1.	Thin	k abo	ith ut a
1.	Did	this	situ	ation	make	you	nervo	ous?					
	Not	at al	L1	A lit	tle	Som	ewhat	=	Pretty	muc	h	Very	much

2. Did this situation make you sad?

Not at all A little Somewhat Pretty much Very much

5. Did this situation make you angry or mad?

Not at all A little Somewhat Pretty much Very much

Now, please turn over this sheet and circle whether you used any of the following ways to help deal with this problem.

OLDER KIDS: MEDICAL

Age	 Grade	 Sex:	M or F	r:			
					ople deal		
					the hosp difficul	t for you	

since you've been in the hospital. Please describe the situation below:

1.	Did	this	situation	make	you	nervous	or	anxious?
----	-----	------	-----------	------	-----	---------	----	----------

Not at all A little Somewhat Pretty much Very much

- 2. Did this situation make you sad or depressed?
 - Very much Not at all A little Somewhat Pretty much
- In general, is this situation one that you could Yes No 3. change or do something about?
- In general, is this situation one that must be Yes No 4. accepted or gotten used to?
- 5. Did this situation make you angry or mad?

Not at all A little Somewhat Pretty much Very much

Now, please turn over this sheet and circle whether you used any of the following ways to help deal with this problem.

YOUNGER KIDS: CHRONIC ILLNESS

Age	Grade	Date of Birth:	Sex:
		Duce of Direction	

<u>Instructions</u>: We are trying to find out how children deal with problems related to their illness. Think about something that has to do with your illness that has bothered you in the past month. Please describe the situation below:

- 1. Did this situation make you nervous?
 - Not at all A little Somewhat Pretty much Very much
- 2. Did this situation make you sad?
 - Not at all A little Somewhat Pretty much Very much
- 5. Did this situation make you angry or mad?

Not at all A little Somewhat Pretty much Very much

Now, please turn over this sheet and circle whether you used any of the following ways to help deal with this problem.

OLDER KIDS: CHRONIC ILLNESS

Date of Birth:

Instructions	: We are	trying to	find out	how people	deal with
					lness. Think

Age _____ Grade

about something related to your illness that has been difficult for you in the past month. Please describe the situation below:

1. Did this situation make you nervous or anxious?

Not at all A little Somewhat Pretty much Very much

Did this situation make you sad or depressed? 2.

Not at all A little Somewhat Pretty much Very much

- 3. In general, is this situation one that you could Yes No change or do something about?
- 4. In general, is this situation one that must be Yes No accepted or gotten used to?
- Did this situation make you angry or mad?

Not at all A little Somewhat Pretty much Very much

Now, please turn over this sheet and circle whether you used any of the following ways to help deal with this problem.

YOUNGER KIDS: COMMON

First Name:				Initials:								
Age		0	Grade			Date	e of	Birtl	n:	s	ex:	
diff sick both	ferer cor nerec	nt pro being	oblem g in duri	s. Pi	lease ospita	picl	c a s Thin	ituat k abo	tion no	t rela ituati	deal wated to long that the	being
1.	Did	this	situ	ation	make	you	nerv	ous?				
	Not	at al	L1	A lit	cle	Son	newha	t	Pretty	much	Very	much
2.	Did	this	situ	ation	make	you	sad?					
	Not	at al	11 /	A lit	cle	Son	newha	t	Pretty	much	Very	much
5.	Did	this	situ	ation	make	you	angr	y or	mad?			

Now, please turn over this sheet and circle whether you used any of the following ways to help deal with this problem.

Not at all A little Somewhat Pretty much Very much

OLDER KIDS: COMMON

Trinat Mana

situation below:

FILSC Name:	
Age Grade	Date of Birth:
different problems you during the las	are trying to find out how people deal with . Think about a situation that has bothered t month. Please pick a situation not related eing in the hosptial. Please describe the

1. Did this situation make you nervous or anxious?

Not at all A little Somewhat Pretty much Very much

2. Did this situation make you sad or depressed?

Not at all A little Somewhat Pretty much Very much

- 3. In general, is this situation one that you could Yes No change or do something about?
- 4. In general, is this situation one that must be Yes No accepted or gotten used to?
- 5. Did this situation make you angry or mad?

Not at all A little Somewhat Pretty much Very much

Now, please turn over this sheet and circle whether you used any of the following ways to help deal with this problem.