

YOUNGER KIDS: MEDICAL

First Name:

Initials: _____

Age _____ Grade _____ Date of Birth: _____ Sex: _____

Instructions: We are trying to find out how children deal with different problems when they are in the hospital. Think about a situation that has bothered you since you have been in the hospital. 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.

YOUNGER KIDS: CHRONIC ILLNESS

Age _____ Grade _____ Date of Birth: _____ Sex: _____

Instructions: 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.

YOUNGER KIDS: COMMON

First Name: _____

Initials: _____

Age _____ Grade _____ Date of Birth: _____ Sex: _____

Instructions: We are trying to find out how children deal with different problems. Please pick a situation not related to being sick or being in the hospital. Think about a situation that has bothered you during the last 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: COMMON

First Name: _____

Age _____ Grade _____ Date of Birth: _____

Instructions: We are trying to find out how people deal with different problems. Think about a situation that has bothered you during the last month. Please pick a situation not related to being sick or being 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?
Not at all A little Somewhat Pretty much Very much
3. In general, is this situation one that you could change or do something about? Yes No
4. In general, is this situation one that must be accepted or gotten used to? Yes No
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.