Print

TAPQOL

Questionnaire

for parents of children aged 1 to 5

Please answer the following questions first.

Is the child for whom you are completing this questionnaire a boy or a girl? ❑ boy ❑ girl

What is the child's date of birth? ..... (day) ..... (month) ..... (year)

On what date are you completing this questionnaire? ..... (day) ..... (month) ..... (year)

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INSTRUCTIONS

Dear Sir / Madam,

The questions in this survey pertain to different aspects of your child's health. Please answer the questions by placing an X in the box next to the response that best describes your child.

For example:

Has your child had an earache in the last 3 months?

Earache ☒ never ❑ occasionally ❑ often

1

At those times, my child felt:

If your child never had an earache, as in the above example, please go to the next question.

If your child had an earache 'occasionally' or 'often', please place an X by one of those answers. Just below these two answers you will find the statement beginning with "At those times, my child felt". Indicate there how your child felt. For example:

Has your child had an earache in the last 3 months?

Earache ❑ never ☒ occasionally ❑ often

1

At those times, my child felt:

❑ well ❑ not very well ☒ unwell ❑ very unwell

Then go to the next question.

This was an example.
The questionnaire starts on the next page.

In the last 3 months has your child had:

Stomach ache or abdominal pain ❑ never ❑ occasionally ❑ often

1

At those times, my child felt:

❑ well ❑ not very well ❑ unwell ❑ very unwell

Colic (abdominal cramps) ❑ never ❑ occasionally ❑ often

2

At those times, my child felt:

❑ well ❑ not very well ❑ unwell ❑ very unwell

Eczema ❑ never ❑ occasionally ❑ often

3

At those times, my child felt:

❑ well ❑ not very well ❑ unwell ❑ very unwell

Itching ❑ never ❑ occasionally ❑ often

4

At those times, my child felt:

❑ well ❑ not very well ❑ unwell ❑ very unwell

Dry skin ❑ never ❑ occasionally ❑ often

5

At those times, my child felt:

❑ well ❑ not very well ❑ unwell ❑ very unwell

Bronchitis ❑ never ❑ occasionally ❑ often

6

At those times, my child felt:

❑ well ❑ not very well ❑ unwell ❑ very unwell

Difficulty breathing or lung problems ❑ never ❑ occasionally ❑ often

7

At those times, my child felt:

❑ well ❑ not very well ❑ unwell ❑ very unwell

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In the last 3 months has your child had:

Shortness of breath ❑ never ❑ occasionally ❑ often

8

At those times, my child felt:

❑ well ❑ not very well ❑ unwell ❑ very unwell

Nausea ❑ never ❑ occasionally ❑ often

9

At those times, my child felt:

❑ well ❑ not very well ❑ unwell ❑ very unwell

How did your child sleep over the last 3 months?

Did your child sleep restlessly? ❑ never ❑ occasionally ❑ often

10

At those times, my child felt:

❑ well ❑ not very well ❑ unwell ❑ very unwell

Did your child lie awake at night? ❑ never ❑ occasionally ❑ often

11

At those times, my child felt:

❑ well ❑ not very well ❑ unwell ❑ very unwell

Did your child cry during the night? ❑ never ❑ occasionally ❑ often

12

At those times, my child felt:

❑ well ❑ not very well ❑ unwell ❑ very unwell

Did your child have trouble sleeping through the night? ❑ never ❑ occasionally ❑ often

13

At those times, my child felt:

❑ well ❑ not very well ❑ unwell ❑ very unwell

How did your child eat and drink over the last 3 months?

Did your child have a poor appetite? ❑ never ❑ occasionally ❑ often

14

At those times, my child felt:

❑ well ❑ not very well ❑ unwell ❑ very unwell

Did your child have difficulty eating enough? ❑ never ❑ occasionally ❑ often

15

At those times, my child felt:

❑ well ❑ not very well ❑ unwell ❑ very unwell

Did your child refuse to eat? ❑ never ❑ occasionally ❑ often

16

At those times, my child felt:

❑ well ❑ not very well ❑ unwell ❑ very unwell

How was your child's behaviour over the last 3 months?

My child was short-tempered ❑ never ❑ occasionally ❑ often
17

My child was aggressive ❑ never ❑ occasionally ❑ often
18

My child was fussy, irritated ❑ never ❑ occasionally ❑ often
19

My child was angry ❑ never ❑ occasionally ❑ often
20

My child was restless or impatient with me ❑ never ❑ occasionally ❑ often
21

My child was rebellious/defiant with me ❑ never ❑ occasionally ❑ often
22

I could not manage my child ❑ never ❑ occasionally ❑ often
23

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How was your child's mood in the last 3 months?

Cheerful ❑ never ❑ occasionally ❑ often
24

Content ❑ never ❑ occasionally ❑ often
25

Happy ❑ never ❑ occasionally ❑ often
26

Fearful ❑ never ❑ occasionally ❑ often
27

Tense ❑ never ❑ occasionally ❑ often
28

Worried ❑ never ❑ occasionally ❑ often
29

Energetic ❑ never ❑ occasionally ❑ often
30

Active ❑ never ❑ occasionally ❑ often
31

Lively ❑ never ❑ occasionally ❑ often
32

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If your child is *under* the age of 18 months, you do **not** have to complete the rest of this questionnaire.
Thank you very much for your co-operation!

If your child is 18 months of age or *older*, please continue completing the questions on the following pages.

How was your child's behaviour with other children over the last 3 months?

My child was able to play nicely with other children ❑ never ❑ occasionally ❑ often

33

My child was at ease with other children ❑ never ❑ occasionally ❑ often

34

My child was self-assured with other children ❑ never ❑ occasionally ❑ often

35

Over the last 3 months, <u>compared with other children of the same age</u>, did your child have:

Difficulty walking? ❑ no ❑ yes, a little ❑ yes, a lot ❑ is not walking (yet)

36

At those times, my child felt:

❑ well ❑ not very well ❑ unwell ❑ very unwell

Difficulty running? ❑ no ❑ yes, a little ❑ yes, a lot ❑ is not walking (yet)

37

At those times, my child felt:

❑ well ❑ not very well ❑ unwell ❑ very unwell

Difficulty climbing stairs without help? ❑ no ❑ yes, a little ❑ yes, a lot ❑ is not walking (yet)

38

At those times, my child felt:

❑ well ❑ not very well ❑ unwell ❑ very unwell

Difficulty keeping balance? ❑ no ❑ yes, a little ❑ yes, a lot

39

At those times, my child felt:

❑ well ❑ not very well ❑ unwell ❑ very unwell

Over the last 3 months, <u>compared with other children of the same age</u>, did your child have:

Difficulty understanding what others were saying? ❑ never ❑ occasionally ❑ often

40

At those times, my child felt:

❑ well ❑ not very well ❑ unwell ❑ very unwell

Difficulty talking clearly? ❑ never ❑ occasionally ❑ often

41

At those times, my child felt:

❑ well ❑ not very well ❑ unwell ❑ very unwell

Difficulty expressing himself/herself? ❑ never ❑ occasionally ❑ often

42

At those times, my child felt:

❑ well ❑ not very well ❑ unwell ❑ very unwell

Difficulty explaining what he/she wants? ❑ never ❑ occasionally ❑ often

43

At those times, my child felt:

❑ well ❑ not very well ❑ unwell ❑ very unwell

This is the end of the questionnaire.
Thank you for completing it!