

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 birth date?

.....
(day)

.....
(month)

.....
(year)

On what date are you completing this questionnaire?

.....
(day)

.....
(month)

.....
(year)

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:

☐ good

☐ not so good

☒ pretty bad ☐ bad

Then go to the next question.

This was an example.

The questionnaire starts on the next page.

In the last 3 months did your child have:

Stomach ache or abdominal pain

☐ never

☐ occasionally ☐ often

1

At those times, my child felt:

☐ good

☐ not so good

☐ pretty bad

☐ bad

Colic

☐ never

☐ occasionally ☐ often

2

At those times, my child felt:

☐ good

☐ not so good

☐ pretty bad

☐ bad

Eczema

☐ never

☐ occasionally ☐ often

3

At those times, my child felt:

☐ good

☐ not so good

☐ pretty bad

☐ bad

Itching

☐ never

☐ occasionally ☐ often

4

At those times, my child felt:

☐ good

☐ not so good

☐ pretty bad

☐ bad

Dry skin

☐ never

☐ occasionally ☐ often

5

At those times, my child felt:

☐ good

☐ not so good

☐ pretty bad

☐ bad

Bronchitis

☐ never

☐ occasionally ☐ often

6

At those times, my child felt:

☐ good

☐ not so good

☐ pretty bad

☐ bad

Difficulty breathing or lung problems

☐ never

☐ occasionally ☐ often

7

At those times, my child felt:

☐ good

☐ not so good

☐ pretty bad

☐ bad

In the last 3 months did your child have:

Shortness of breath

☐ never

☐ occasionally ☐ often

8

At those times, my child felt:

☐ good

☐ not so good

☐ pretty bad

☐ bad

Nausea

☐ never

☐ occasionally ☐ often

9

At those times, my child felt:

☐ good

☐ not so good

☐ pretty bad

☐ bad

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:

☐ good

☐ not so good

☐ pretty bad

☐ bad

Did your child lie awake at night?

☐ never

☐ occasionally ☐ often

11

At those times, my child felt:

☐ good

☐ not so good

☐ pretty bad

☐ bad

Did your child cry in the night?

☐ never

☐ occasionally ☐ often

12

At those times, my child felt:

☐ good

☐ not so good

☐ pretty bad

☐ bad

Did your child have trouble sleeping through the night?

☐ never

☐ occasionally ☐ often

13

At those times, my child felt:

☐ good

☐ not so good

☐ pretty bad

☐ bad

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:

☐ good

☐ not so good

☐ pretty bad

☐ bad

Did your child have difficulty eating enough?

☐ never

☐ occasionally ☐ often

15

At those times, my child felt:

☐ good

☐ not so good

☐ pretty bad

☐ bad

Did your child refuse to eat?

☐ never

☐ occasionally ☐ often

16

At those times, my child felt:

☐ good

☐ not so good

☐ pretty bad

☐ bad

How was your child's behavior 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

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

Cheerful

24

☐ never ☐ occasionally ☐ often

Content

25

☐ never ☐ occasionally ☐ often

Happy

26

☐ never ☐ occasionally ☐ often

Fearful

27

☐ never ☐ occasionally ☐ often

Tense

28

☐ never ☐ occasionally ☐ often

Worried

29

☐ never ☐ occasionally ☐ often

Energetic

30

☐ never ☐ occasionally ☐ often

Active

31

☐ never ☐ occasionally ☐ often

Lively

32

☐ never ☐ occasionally ☐ often

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 cooperation!

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

How was your child's behavior 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, compared with other children of the same age, did your child have:

Difficulty walking?

☐ no

☐ yes, a little

☐ yes, a lot

☐ is not walking (yet)

36

At those times, my child felt:

☐ good

☐ not so good

☐ pretty bad

☐ bad

Difficulty running?

☐ no

☐ yes, a little

☐ yes, a lot

☐ is not walking (yet)

37

At those times, my child felt:

☐ good

☐ not so good

☐ pretty bad

☐ bad

Difficulty climbing stairs without help?

☐ no

☐ yes, a little

☐ yes, a lot

☐ is not walking (yet)

38

At those times, my child felt:

☐ good

☐ not so good

☐ pretty bad

☐ bad

Difficulty keeping balance?

☐ no

☐ yes, a little

☐ yes, a lot

39

At those times, my child felt:

☐ good

☐ not so good

☐ pretty bad

☐ bad

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

Difficulty understanding what others were saying?

☐ never

☐ occasionally

☐ often

40

At those times, my child felt:

☐ good

☐ not so good

☐ pretty bad

☐ bad

Difficulty talking clearly?

☐ never

☐ occasionally

☐ often

41

At those times, my child felt:

☐ good

☐ not so good

☐ pretty bad

☐ bad

Difficulty expressing himself/herself?

☐ never

☐ occasionally

☐ often

42

At those times, my child felt:

☐ good

☐ not so good

☐ pretty bad

☐ bad

Difficulty explaining what he/she wants?

☐ never

☐ occasionally

☐ often

43

At those times, my child felt:

☐ good

☐ not so good

☐ pretty bad

☐ bad

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