

CPQOL

Cerebral Palsy Quality of Life

Version 2 July 2013

Quality of Life Questionnaire
for Children (CP QOL-Child)

Child Report Questionnaire
(9-12 years)



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Child Report Questionnaire (9-12 years)

We want to ask you some questions about your life such as your family, your friends, your health and your school.

Each question begins with '*How do you FEEL about.....?*'

For each question we want you to circle the best number that shows how you FEEL.

You can circle any number from 1 (Very unhappy) to 9 (Very happy).

This questionnaire is measuring how you feel, not what you can do.

Here is an example:

Q. How do you feels about...

your ability to play games with other children?

Very unhappy	Unhappy	Neither happy nor unhappy	Happy	Very Happy				
1	2	3	4	5	6	7	8	9

Family & Friends

Q. How do you feel about...

Very unhappy	Unhappy	Neither happy nor unhappy	Happy	Very Happy
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the way you get along with people generally?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

the way you get along with the person who looks after you?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

the way you get along with your brothers & sisters?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

OR I do not have any brothers or sisters

*the way you get along with other children at school?
(If you attend more than one school, please think about the school where you spend the most time).*

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

the way you get along with other children outside of school?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

the way you get along with adults?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

the way you get along with your teachers and/or carers?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

Family & Friends

Q. How do you feel about...

Very unhappy	Unhappy	Neither happy nor unhappy	Happy	Very Happy
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your ability to play on your own?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

your ability to play with friends?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

going out on trips with your family?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

how you are accepted by your family?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

how you are accepted by other children at school? (If you attend more than one school, please think about the school where you spend the most time).

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

how you are accepted by other children outside of school?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

how you are accepted by adults?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

how you are accepted by people in general?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

being able to do things you want to do?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

Participation

Q. How do you feel about...

your ability to participate at school? (If you attend more than one school, please think about the school where you spend the most time).

Very unhappy	Unhappy	Neither happy nor unhappy	Happy	Very Happy				
1	2	3	4	5	6	7	8	9

your ability to participate in recreational activities?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

your ability to participate in sporting activities? (This question is asking how you feel about your ability to participate in sport, not whether you can participate).

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

your ability to participate in social events outside of school?

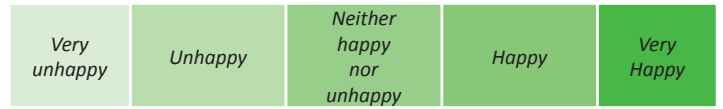
1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

your ability to participate in your community?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

Communication

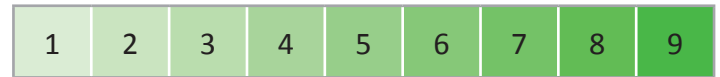
Q. How do you feel about...



the way you communicate with people you know well (using any means of communication)?



the way you communicate with people you don't know well (using any means of communication)?



the way other people communicate with you?

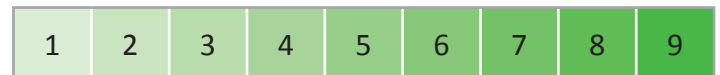


Health

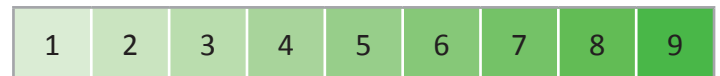
your physical health?



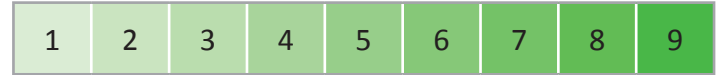
the way you get around?



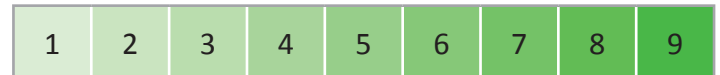
how you sleep?



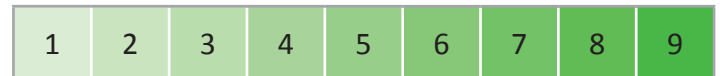
the way you look?



your ability to keep up academically with your peers?



your ability to keep up physically with your peers?



Health

Q. How do you feel about...

your life in general?

Very unhappy	Unhappy			Neither happy nor unhappy	Happy			Very Happy
1	2	3	4	5	6	7	8	9

yourself?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

your future?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

your opportunities in life?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

The next 3 questions are asking how you feel about using parts of your body, not whether you can use part of your body.

the way you use your arms?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

the way you use your legs?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

the way you use your hands?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

The next 3 questions are asking how you feel about your ability to complete daily activities, not whether you can complete the activities.

your ability to dress yourself?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

your ability to drink independently?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

your ability to use the toilet by yourself?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

Special Equipment

Q. How do you feel about...

the special equipment you have at home (e.g. special seating, standing frames, wheelchairs, walkers)?

OR I do not need any special equipment at home

the special equipment you have at your school? (e.g. special seating, standing frames, wheelchairs, walkers)?

OR I do not need any special equipment at school

the special equipment that is available in the community (ramps, escalators, wheelchair access)?

OR I do not need any special equipment in the community

Very unhappy	Unhappy	Neither happy nor unhappy	Happy	Very Happy				
1	2	3	4	5	6	7	8	9

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

Pain and Bother

The next few questions ask about things that may bother you.

	Not bothered at all		Very bothered						
	1	2	3	4	5	6	7	8	9
<i>Are you bothered by hospital visits?</i>									
<i>Are you bothered when you miss school for health reasons?</i>	1	2	3	4	5	6	7	8	9
<i>Are you bothered by being handled by other people?</i>	1	2	3	4	5	6	7	8	9
	Never	Rarely	Sometimes	Often	Always				
<i>Do you worry about who will take care of you in the future?</i>	1	2	3	4	5				

Now some final questions about you

Are you concerned about having cerebral palsy?

Not concerned at all									Very concerned
1	2	3	4	5	6	7	8	9	

How much pain do you have?

No pain at all									A lot of pain
1	2	3	4	5	6	7	8	9	

How do you feel about the amount of pain you have?

Not upset at all									Very upset
1	2	3	4	5	6	7	8	9	

How much discomfort do you experience?

No discomfort at all									A lot of discomfort
1	2	3	4	5	6	7	8	9	

How happy are you?

Very unhappy			Neither happy nor unhappy			Very happy		
1	2	3	4	5	6	7	8	9

Did your parents help you to complete the questionnaire?

No	Yes, a little bit	Yes, quite a bit	Yes, a lot
1	2	3	4

Thank you for helping us with our questions

