

# THE PSYCHOLOGY SERVICE

Midloe Grange, Southoe  
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[www.psychologyservice.co.uk](http://www.psychologyservice.co.uk)

## CHILD QUESTIONNAIRE

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Post Code \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of incident \_\_\_\_/\_\_\_\_/\_\_\_\_

Dear Parent

This questionnaire is about how your child has been since the incident he/she was involved in. The first half should be completed by you and the second by your child if he/she is over 8 years old. You may need to give your child some help with the questions if you think they may not fully understand them although please do not complete the questions on your child's behalf. There are no right or wrong answers. Please answer truthfully, to the best of your ability.

### SECTION 1

- 1 Has your child talked about the incident? Yes/No  
Does he/she still talk about it? Yes/No  
Does he/she avoid talking about it? Yes/No  
If he/she does talk about the incident what sort of things will he/she say and how often?
- 2 Do reminders of the accident distress him/her? Yes/No  
Does he/she avoid situations or activities connected to the accident? Yes/No  
If yes to either of the above, please describe this in more detail.

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Personal Injury Division

- |   |  |                            |
|---|--|----------------------------|
| 3 | Has there been any problems with your child at bedtime?<br>Has his/her sleep been disturbed?<br>Has he/she wet the bed since the accident?<br>If any of the above has occurred please give more details. | Yes/No<br>Yes/No<br>Yes/No |
| 4 | Has he/she had nightmares?<br>If yes, what have these been about?  | Yes/No                     |
| 5 | Have there been any change in your child's play?<br>If yes, in what way?   | Yes/No                     |
| 6 | Has he/she seemed to have taken a step back in their development?<br>If so, in what way?   | Yes/No                     |
| 7 | Has your child been different in his/her relationship with you?<br>If so, in what way?   | Yes/No                     |
| 8 | Has he/she been more irritable or had more temper tantrums?<br>If yes, over what sort of things and how often does this occur?   | Yes/No                     |
| 9 | Has your child had any problems in his/her concentration?<br>In what situation have you noticed this?  | Yes/No                     |

- 10 Has your child had any problems at school since the incident? Yes/No  
If so, in what way?
- 11 Does he/she seem to be more nervous or fearful? Yes/No  
If so, of what things or situations?
- 12 Is your child now back to how he/she was prior to the incident? Yes/No  
If Yes, how long did he/she seem to be badly affected for? Days/Weeks/Months/Longer  
If No, in what way is he/she still different?
- 13 Have there been any other changes not already mentioned?

## SECTION 2

This part is to be completed by your child if they are 8 years of age or over.

Dear Youngster,

Please don't worry about answering these questions. They are not a test and there are no right or wrong answers. Please answer as honestly as you can.

The first part is about how you have felt recently. Read the statement and then tick the column that seems to be right for you. Don't miss any out.

	Most of the time	Some times	Never
1. I look forward to things as much as I used to	.....	.....	.....
2. I sleep very well*	.....	.....	.....
3. I feel like crying	.....	.....	.....
4. I like to go out(or go out to play)	.....	.....	.....
5. I feel like running away*	.....	.....	.....
6. I get tummy aches	.....	.....	.....
7. I have lots of energy	.....	.....	.....
8. I enjoy my food	.....	.....	.....
9. I can stick up for myself	.....	.....	.....
10. I think life isn't worth living	.....	.....	.....
11. I am good at things I do	.....	.....	.....
12. I enjoy the things I do as much as I used to	.....	.....	.....
13. I like talking with my family	.....	.....	.....
14. I have horrible dreams	.....	.....	.....
15. I feel very lonely*	.....	.....	.....
16. I am easily cheered up	.....	.....	.....
17. I feel so sad I can hardly stand it*	.....	.....	.....
18. I feel very bored*	.....	.....	.....
	Total =	Dys =	

Read these next questions carefully. Put a circle around the word "YES" if you think it is true about you. Put a circle around the word "NO" if you think it is not true about you.

- |     |  |     |    |
|-----|--|-----|----|
| 1.  | I have trouble making up my mind                         | YES | NO |
| 2.  | I get nervous when things do not go the right way for me | YES | NO |
| 3.  | Others seem to do things easier than I can               | YES | NO |
| 4.  | I like everyone I know                                   | YES | NO |
| 5.  | Often I have trouble getting my breath                   | YES | NO |
| 6.  | I worry a lot of the time                                | YES | NO |
| 7.  | I am afraid of a lot of things                           | YES | NO |
| 8.  | I am always kind   | YES | NO |
| 9.  | I get mad easily   | YES | NO |
| 10. | I worry about what my parents will say to me             | YES | NO |
| 11. | I feel that others do not like the way I do things       | YES | NO |
| 12. | I always have good manners                               | YES | NO |
| 13. | It is hard for me to get to sleep at night               | YES | NO |
| 14. | I worry about what other people might think of me        | YES | NO |
| 15. | I feel alone even when there are people with me          | YES | NO |
| 16. | I am always good   | YES | NO |
| 17. | Often I feel sick in my stomach                          | YES | NO |
| 18. | My feelings get easily hurt                              | YES | NO |
| 19. | My hands feel sweaty                                     | YES | NO |
| 20. | I am always nice to everyone                             | YES | NO |
| 21. | I am tired a lot   | YES | NO |
| 22. | I worry about what is going to happen                    | YES | NO |
| 23. | Other children are happier than I                        | YES | NO |
| 24. | I tell the truth every single time                       | YES | NO |
| 25. | I have bad dreams  | YES | NO |
| 26. | My feelings get easily hurt when I'm fussed at           | YES | NO |
| 27. | I feel someone will tell me I do things the wrong way    | YES | NO |
| 28. | I never get angry  | YES | NO |
| 29. | I wake up scared some of the time                        | YES | NO |
| 30. | I worry when I go to bed at night                        | YES | NO |
| 31. | It is hard for me to keep my mind on my schoolwork       | YES | NO |
| 32. | I never say things I shouldn't                           | YES | NO |
| 33. | I wriggle in my seat a lot                               | YES | NO |
| 34. | I am nervous   | YES | NO |
| 35. | A lot of people are against me                           | YES | NO |
| 36. | I never lie  | YES | NO |
| 37. | I often worry about something bad happening to me        | YES | NO |