

Participant Number: \_\_\_\_\_

# About Your Child's Life



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PARENT-REPORT VERSION FOR CHILDREN Ages 7-11 years

## About Your Child's Life

Below are things that you may say or feel about your child's life. After you read each question, draw an "X" over the one the face that best matches how you feel about your child's life RIGHT NOW.

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### DO IT LIKE THIS:

**EXAMPLE QUESTION:** Your child appears to *enjoy going to school* (please draw an "X" over the one face that best describes your child)



The response to the question above indicates that the child enjoys school very much.

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1. My child is *left out* of activities by kids his or her age (please draw an "X" over the one face that best describes your child)









2. I *get along* with my child (please draw an "X" over the one face that best describes your child)



3. I am *happy with how my child looks* (please draw an "X" over the one face that best describes your child)



4. Kids my child's age **treat him or her okay** (please draw an "X" over the one face that best describes your child)

Treat Not at All Okay								Treat Very Okay
								

5. My child is **safe** at school (please draw an "X" over the one face that best describes your child)

Not at All Safe								Very Safe
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6. My child appears to **enjoy learning** new things (please draw an "X" over the one face that best describes your child)

Enjoy Not at All								Enjoy Very Much
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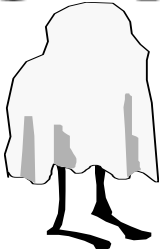
7. I am **happy with my child's life** (please draw an "X" over the one face that best describes your child)

Not at All Happy								Very Happy
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## How Does Your Weight Affect Your Child's Life?

Following are sentences that describe how you may feel about your child and how heavy s/he is. After you read each sentence, draw an "X" over the one face that best describes how you feel about your child's life **RIGHT NOW**.

8. I **feel bad about how heavy my child is** (please draw an "X" over the one face that best describes your child)

Feel Very Bad		Feel Not at All Bad
		

9. Because of how heavy my child is I **worry about what kids say** about him or her (please draw an "X" over the one face that best describes your child)

Worry Very Much		Worry Not at All
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10. Because of how heavy my child is s/he **has a hard time making friends** (please draw an "X" over the one face that best describes your child)

Very Hard Time		Not at All Hard Time
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11. Members of my **family make my child feel bad** about how heavy s/he is (please draw an "X" over the one face that best describes your child)

Make Feel Very Bad		Make Feel Not at All Bad
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12. **Other kids make fun** of my child because of how heavy s/he is *(please draw an "X" over the one face that best describes your child)*

Make Fun a Lot								Make Fun Not at All
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13. I **worry about how heavy my child will be** when s/he grows up *(please draw an "X" over the one face that best describes your child)*

Very Worried								Not at All Worried
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14. Because of how heavy my child is it is **hard for him/her to wear the clothes** s/he wants to wear *(please draw an "X" over the one face that best describes your child)*

Very Hard								Not at All Hard
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15. Because of how heavy my child is it is **hard for him or her to keep up** with other kids *(please draw an "X" over the one face that best describes your child)*

Very Hard to Keep Up								Not at All Hard to Keep Up
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Is there anything else you would like to tell us? *(please write your answer below):*

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If any of the questions have made you upset, we suggest you talk about your feelings with someone close to you, like a spouse, friend, or relative.

**Thank You Very Much For Your Help!**