

Parent Proxy Global Health 7+2

Please respond to each question or statement by marking one box per row.

		Excellent	Very Good	Good	Fair	Poor
Global01_PXR1	In general, would you say your child's health is:.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Global02_PXR1	In general, would you say your child's quality of life is:	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Global03_PXR1	In general, how would you rate your child's physical health?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Global04_PXR1	In general, how would you rate your child's mental health, including mood and ability to think?..	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
		Never	Rarely	Sometimes	Often	Always
PedGlobal2_PXR1	How often does your child feel really sad?.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
		Always	Often	Sometimes	Rarely	Never
PedGlobal5_PXR1	How often does your child have fun with friends?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PedGlobal6_PXR1	How often does your child feel that you listen to his or her ideas?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
	In the past 7 days...					
		Never	Almost Never	Sometimes	Often	Almost Always
Pf4fatigue3r	My child got tired easily.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Pf2pain5r	My child had trouble sleeping when he/she had pain	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5