

CHILD

to be filled in by the interviewer

Interviewer number I_I_I_I_I

Region I_I_I sub-sample I_I_I

NumFA I_I_I_I_I Key I_I LE I_I

BS I_I NINDi I_I_I

Disability Health Survey

Self-questionnaire

For children

From 8 up to and including 15 years of age.

As much as possible, this questionnaire should be filled in by the child alone, with no help from their entourage.

Please fill this questionnaire in as soon as you can after the interviewer leaves.

All the information given to the Insee during this survey is strictly anonymous and perfectly confidential.

Please fill in the questionnaire on the following pages: by checking the circles o with an x

Hello,

We need your answers to this questionnaire to help us better understand what, in your opinion, is important for you to feel happy and healthy. Read each question attentively and check the box that corresponds to what you think.

as for your health, if you think about last week...

not at all a little moderately a lot extremely

1• did you feel good?		q	q	q	q	q
2• did you have a lot of energy?	q	q	q	q	q	
3• did you feel sad?	q	q	q	q	q	
4• did you feel alone?		q	q	q	q	q
5• did you have enough time for yourself?		q	q	q	q	q
6• were you able to do as you liked in your free time?		q	q	q	q	q
7• did you have fun with your friends?	q	q	q	q	q	
8• is everything going well at school?	q	q	q	q	q	
9• were you able to be attentive?	q	q	q	q	q	

Did you fill out this questionnaire alone? Yes q No q

Thank you very much for filling out this questionnaire.

After complete this questionnaire, please put it in the stamped envelope provided to you and mail it in as soon as possible.