

Evaluation Measures

KINDL®

OVERVIEW

This scale assesses health-related quality of life in children and adolescents aged 3 years and older

SUBSCALES

- None
- Sample items from the scale:
 - » During the past week...
 - I felt ill
 - I had fun and laughed a lot
 - I got along well with my friends
 - I was proud of myself

STEPPING UP THEME(S) & OUTCOME(S)

- Health and Wellness
 - » Youth are mentally well

TARGET POPULATION

- Children and youth ages 3 to 17
 - » Separate scales for ages 4-6, 7-13, 14-17 years of age

- Parents of children and youth Children and youth ages 3 to 17
 - » Separate instruments for parents based on aforementioned age groups

LENGTH & HOW IT MEASURES

- Ages 3-6 scale: 12 items
- Ages 7-13 scale: 9 items
- Ages 14-17 scale:
 - Response scale ranges from never to very often (three point scale)
 - Self-report, paper-pencil version
 - Negatively-worded items need to be reverse coded
- Available in: English, Arabic, Chinese, Japanese, Spanish, Vietnamese and more

DEVELOPER

- Prof. Monika Bullinger (1994)
- Prof. Ulrike Ravens-Siebere and Monika Bullinger (revised 1998)

GOOD TO KNOW

- If you need translation guidelines (e.g. for translating the KINDLR in another language), please contact Karoline Habermann at QOL@uke.de
- Disease-specific modules are also available on the KINDL® website
<https://www.kindl.org/english/questionnaires>
- The use of the KINDLR for academic researchers (funded or non-funded) and non-profit organizations is free. In case of commercial use (companies and profit-organizations, e.g. Pharmaceutical companies), the authors request payment of a license fee of 400 € for every questionnaire version used.

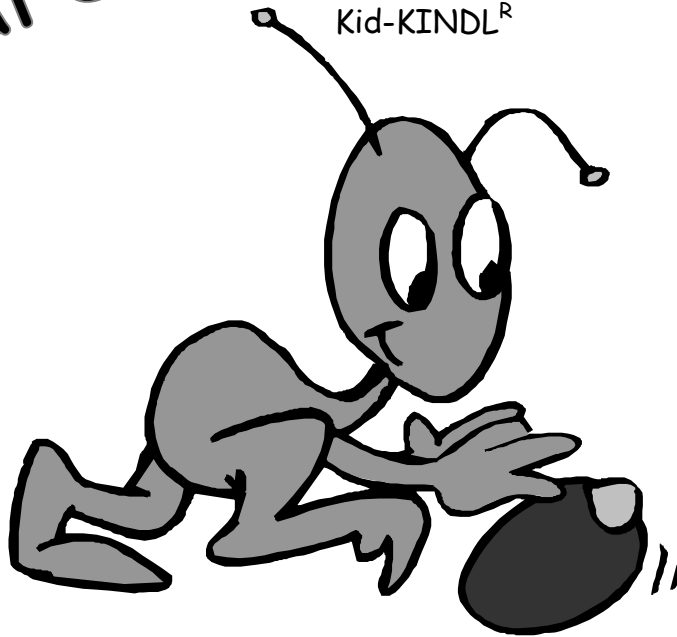
PSYCHOMETRICS

- For psychometrics of specific scales, please click here -
<https://www.kindl.org/english/reference-norm-values-validation/>

LEARN MORE

- Please contact Karoline Habermann at QOL@uke.de to learn more.

Children's Questionnaire


Kid-KINDL[®]

Hello there!

we would like to know how you have been feeling during the past week, so we have worked out a few questions which we would like you to answer.

- ⇒ Please read each question carefully.
- ⇒ Think about how things have been for you over the past week.
- ⇒ Choose the answer that fits you best in each line and put a cross in the box.

There are no right or wrong answers. It's what you think that matters.

For example: 	never	seldom	some- times	often	all the time
During the past week, I liked to listen to music.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Date of fill out:

(day / month / year)

Please tell us something about you. Please put a cross or fill in!



I am a girl boy

Age: _____ years old

How many siblings do you have? 0 1 2 3 4 5 more than 5

Which type of school do you go to? _____

1. First of all, we would like to know something about your physical health...

<i>During the past week...</i>	never	seldom	some-times	often	all the time
1. ... I felt ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ... I had a headache or tummy-ache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ... I was tired and worn-out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ... I felt strong and full of energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. ... then something about how you've been feeling in general...

<i>During the past week...</i>	never	seldom	some-times	often	all the time
1. ... I had fun and laughed a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ... I was bored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ... I felt alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ... I was scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. ... and how you have been feeling about yourself.

<i>During the past week...</i>	never	seldom	some-times	often	all the time
1. ... I was proud of myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ... I felt on top of the world	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ... I felt pleased with myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ... I had lots of good ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. The next questions are about your family ...

<i>During the past week...</i>	never	seldom	some- times	often	all the time
1. ... I got on well with my parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ... I felt fine at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ... We quarrelled at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ... My parents stopped me from doing certain things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

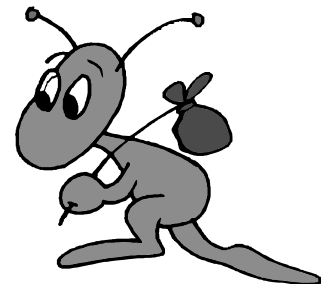
5. ... and then about friends.

<i>During the past week...</i>	never	seldom	some- times	often	all the time
1. ... I played with friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ... Other kids liked me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ... I got along well with my friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ... I felt different from other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Last of all, we would like to know something about school.

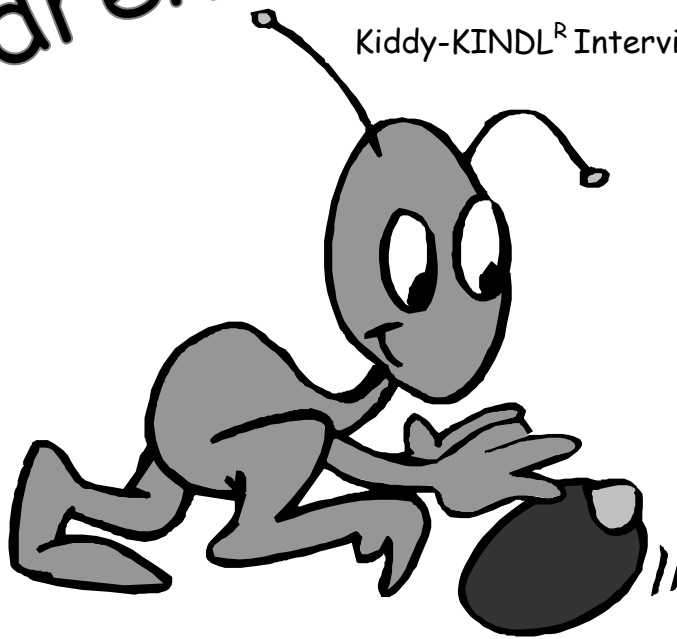
<i>During the last week in which I was at school...</i>	never	seldom	some- times	often	all the time
1. ... doing my schoolwork was easy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ... I enjoyed my lessons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ... I worried about my future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ... I worried about bad marks or grades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for helping us!



Children's Questionnaire

Kiddy-KINDL^R Interview



Hello there !

We would like to know how you have been feeling, so we have worked out a few questions which we would like you to answer.

- ⇒ I am going to read out each question to you and
- ⇒ I would like you to think about how things have been for you over the past week, and then
- ⇒ tell me which answer fits you best.

There are no right or wrong answers. It's what **you** think that matters.

Date of fill out:

(day / month / year)

First of all, please tell me something about you.

Are you a girl or a boy?	<input type="checkbox"/> girl or a <input type="checkbox"/> boy
How old are you?	_____ years old
How many siblings (brothers or sisters) do you have?	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> >5
Are you going to kindergarten/ nursery school?	<input type="checkbox"/> kindergarten <input type="checkbox"/> nursery school/preschool <input type="checkbox"/> neither

Now, I will read you an example:

When you hear the sentence: "During the past week, I felt like eating ice-cream", can you tell me how often that was the case?

There are 3 possible answers: **never, sometimes and very often**

So how was it for you? Would you say: During the past week I ...

never felt like eating ice-cream;
sometimes felt like eating ice-cream or
very often felt like eating ice-cream.

Child's answer! If the child seems to have understood the system of answering, then continue with Question 1. Otherwise repeat the example.

You did that very well. So now let's begin.

1. First of all, we would like to know something about your physical health...

<i>During the past week...</i>	never	sometimes	very often
1. ... I felt ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ... I had a headache or tummy-ache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. ... then something about how you've been feeling in general...

<i>During the past week...</i>	never	sometimes	very often
1. ... I had fun and laughed a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ... I was bored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. ... and how you have been feeling about yourself.

<i>During the past week...</i>	never	sometimes	very often
1. ... I was proud of myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ... I felt pleased with myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. The next questions are about your family ...

<i>During the past week...</i>	never	sometimes	very often
1. ... I got on well with my parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ... I felt fine at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. ... and then about friends.

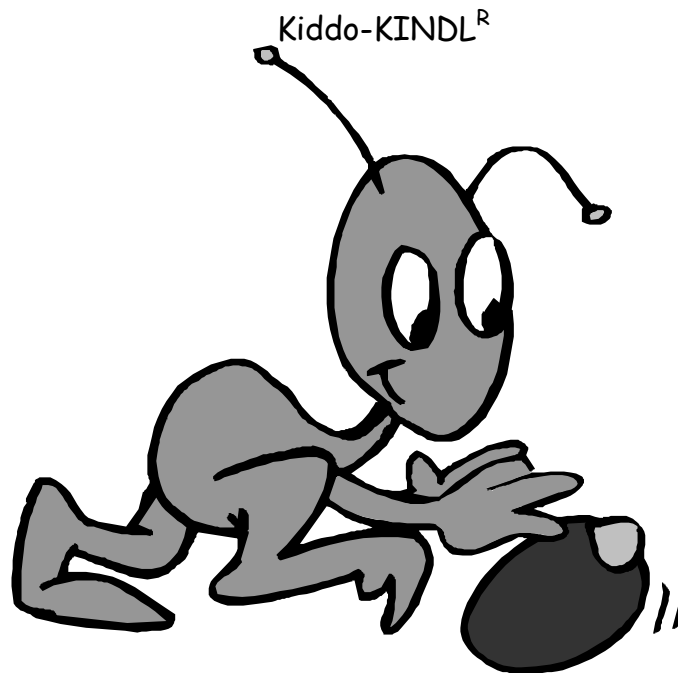
<i>During the past week...</i>	never	sometimes	very often
1. ... I played with friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ... I got along well with my friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Now, we would like to know something about nursery school/kindergarten.

<i>During the last week, in which I was at kindergarten/nursery school ...</i>	never	sometimes	very often
1. ... I coped well with the assignments set in nursery school/kindergarten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ... I enjoyed nursery school/ kindergarten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

THANK YOU FOR YOUR ASSISTANCE!

Questionnaire for adolescents




Hello there!

we would like to know how you have been feeling during the past week, so we have worked out a few questions which we would like you to answer.

- ⇒ Please read each question carefully.
- ⇒ Think about how things have been for you over the past week.
- ⇒ Choose the answer that fits you best in each line and put a cross in the box.

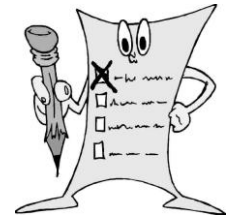
There are no right or wrong answers. It's what you think that matters.

For example: 	never	seldom	some-times	often	all the time
During the past week, I liked to listen to music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Date of fill out:

(day / month / year)

Please tell us something about you. Please put a cross or fill in!



I am a girl boy

Age: _____ years old

How many siblings do you have? 0 1 2 3 4 5 more than 5

Which type of school do you go to? _____

1. First of all, we would like to know something about your physical health...

<i>During the past week...</i>	never	seldom	some-times	often	all the time
1. ... I felt ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ... I was in pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ... I was tired and worn-out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ... I felt strong and full of energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. ... then something about how you've been feeling in general...

<i>During the past week...</i>	never	seldom	some-times	often	all the time
1. ... I had fun and laughed a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ... I was bored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ... I felt alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ... I felt scared or unsure of myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. ... and how you have been feeling about yourself.

<i>During the past week...</i>	never	seldom	some-times	often	all the time
1. ... I was proud of myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ... I felt on top of the world	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ... I felt pleased with myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ... I had lots of good ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. The next questions are about your family ...

<i>During the past week...</i>	never	seldom	some- times	often	all the time
1. ... I got on well with my parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ... I felt fine at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ... We quarrelled at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ... I felt restricted by my parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. ... and then about friends.

<i>During the past week...</i>	never	seldom	some- times	often	all the time
1. ... I did things together with my friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ... I was a "success" with my friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ... I got along well with my friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ... I felt different from other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Last of all, we would like to know something about school.

<i>During the last week in which I was at school...</i>	never	seldom	some- times	often	all the time
1. ... doing the schoolwork was easy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ... I found school interesting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ... I worried about my future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ... I worried about getting bad marks or grades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for helping us!

