

NHLBI GROWTH AND HEALTH STUDY

WHAT I THINK AND FEEL

This form is to be completed by the NGHS child at the time of the Year 3 follow-up examination.

ID number of NGHS child: - **RID** -

Name code of NGHS child:

Visit number: **VISIT**

Please PRINT your full name:

 First Name Middle Name Last Name

Today's date: - **DO_FORM** -
Month Day Year

We think this questionnaire will take about 5-7 minutes for you to complete including listening to or reviewing instructions and collecting information. If you have comments about this time estimate or any part of the questionnaires, including suggestions for reducing the time required, please send them to Reports Clearance Officer, PHS, 721-8 Hubert H. Humphrey Building, 200 Independence Avenue S.W., Washington, D.C. 20201; and to Office of Management and Budget, Paper Work Reduction Project (0925-0294), Washington, D.C. 20503.

ID						
NC						
VN						

WHAT I THINK AND FEEL

DIRECTIONS:

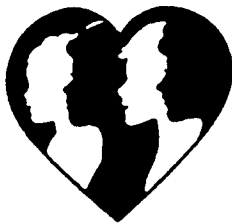
Here are some sentences that tell how some people think and feel about themselves. Read each sentence carefully. Make a check in the box in the "Yes" column if you think it is true about you. Make a check in the box in the "No" column if you think it is not true about you. Answer every question even if some are hard to decide. Do not check both "Yes" and "No" for the same sentence.

There are no right or wrong answers. Only you can tell us how you think and feel about yourself. Remember, after you read each sentence, ask yourself "Is it true about me?" If it is, check the "Yes" box. If it is not, check the "No" box.

	YES	NO	
1. I HAVE TROUBLE MAKING UP MY MIND	<input type="checkbox"/>	<input type="checkbox"/>	ITEM1
2. I GET NERVOUS WHEN THINGS DO NOT GO THE RIGHT WAY FOR ME .	<input type="checkbox"/>	<input type="checkbox"/>	ITEM2
3. OTHERS SEEM TO DO THINGS EASIER THAN I CAN	<input type="checkbox"/>	<input type="checkbox"/>	ITEM3
4. I LIKE EVERYONE I KNOW	<input type="checkbox"/>	<input type="checkbox"/>	ITEM4
	YES	NO	
5. OFTEN I HAVE TROUBLE GETTING MY BREATH	<input type="checkbox"/>	<input type="checkbox"/>	ITEM5
6. I WORRY A LOT OF THE TIME	<input type="checkbox"/>	<input type="checkbox"/>	ITEM6
7. I AM AFRAID OF A LOT OF THINGS	<input type="checkbox"/>	<input type="checkbox"/>	ITEM7
8. I AM ALWAYS KIND	<input type="checkbox"/>	<input type="checkbox"/>	ITEM8

	YES	NO	
9. I GET MAD EASILY	<input type="checkbox"/>	<input type="checkbox"/>	ITEM9
10. I WORRY ABOUT WHAT MY PARENTS WILL SAY TO ME	<input type="checkbox"/>	<input type="checkbox"/>	ITEM10
11. I FEEL THAT OTHERS DO NOT LIKE THE WAY I DO THINGS	<input type="checkbox"/>	<input type="checkbox"/>	ITEM11
12. I ALWAYS HAVE GOOD MANNERS	<input type="checkbox"/>	<input type="checkbox"/>	ITEM12
13. IT IS HARD FOR ME TO GET TO SLEEP AT NIGHT	<input type="checkbox"/>	<input type="checkbox"/>	ITEM13
14. I WORRY ABOUT WHAT OTHER PEOPLE THINK ABOUT ME	<input type="checkbox"/>	<input type="checkbox"/>	ITEM14
15. I FEEL ALONE EVEN WHEN THERE ARE PEOPLE WITH ME	<input type="checkbox"/>	<input type="checkbox"/>	ITEM15
16. I AM ALWAYS GOOD	<input type="checkbox"/>	<input type="checkbox"/>	ITEM16
	YES	NO	
17. OFTEN I FEEL SICK IN MY STOMACH	<input type="checkbox"/>	<input type="checkbox"/>	ITEM17
18. MY FEELINGS GET HURT EASILY	<input type="checkbox"/>	<input type="checkbox"/>	ITEM18
19. MY HANDS FEEL SWEATY	<input type="checkbox"/>	<input type="checkbox"/>	ITEM19
20. I AM ALWAYS NICE TO EVERYONE	<input type="checkbox"/>	<input type="checkbox"/>	ITEM20
21. I AM TIRED A LOT	<input type="checkbox"/>	<input type="checkbox"/>	ITEM21
22. I WORRY ABOUT WHAT IS GOING TO HAPPEN	<input type="checkbox"/>	<input type="checkbox"/>	ITEM22
23. OTHER PEOPLE ARE HAPPIER THAN I	<input type="checkbox"/>	<input type="checkbox"/>	ITEM23
24. I TELL THE TRUTH EVERY SINGLE TIME	<input type="checkbox"/>	<input type="checkbox"/>	ITEM24

	YES	NO	
25. I HAVE BAD DREAMS	<input type="checkbox"/>	<input type="checkbox"/>	ITEM25
26. MY FEELINGS GET HURT EASILY WHEN I AM FUSSED AT	<input type="checkbox"/>	<input type="checkbox"/>	ITEM26
27. I FEEL SOMEONE WILL TELL ME I DO THINGS THE WRONG WAY	<input type="checkbox"/>	<input type="checkbox"/>	ITEM27
28. I NEVER GET ANGRY	<input type="checkbox"/>	<input type="checkbox"/>	ITEM28
29. I WAKE UP SCARED SOME OF THE TIME	<input type="checkbox"/>	<input type="checkbox"/>	ITEM29
30. I WORRY WHEN I GO TO BED AT NIGHT	<input type="checkbox"/>	<input type="checkbox"/>	ITEM30
	YES	NO	
31.-IT IS HARD FOR ME TO KEEP MY MIND ON MY SCHOOLWORK	<input type="checkbox"/>	<input type="checkbox"/>	ITEM31
32. I NEVER SAY THINGS I SHOULDN'T	<input type="checkbox"/>	<input type="checkbox"/>	ITEM32
33. I WIGGLE IN MY SEAT A LOT	<input type="checkbox"/>	<input type="checkbox"/>	ITEM33
34. I AM NERVOUS	<input type="checkbox"/>	<input type="checkbox"/>	ITEM34
35. A LOT OF PEOPLE ARE AGAINST ME	<input type="checkbox"/>	<input type="checkbox"/>	ITEM35
36. I NEVER LIE	<input type="checkbox"/>	<input type="checkbox"/>	ITEM36
37. I OFTEN WORRY ABOUT SOMETHING BAD HAPPENING TO ME	<input type="checkbox"/>	<input type="checkbox"/>	ITEM37



0925-0294
exp. 9/92

FTYPE NGHS Form 23
FREV Rev. 1 10/90

**NHLBI GROWTH AND HEALTH STUDY
WHAT I THINK AND FEEL**

This form is to be completed by the NGHS girl at the time of a follow-up examination.

ID number of NGHS girl: - **RID** - -
Name code of NGHS girl: - - - -
Visit number:..... **VISIT**
Date: **DO_FORM**
Month - Day - Year

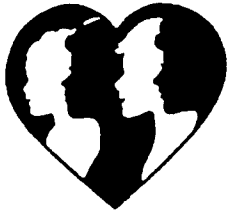
Please PRINT your full name:

First Name

Middle Initial

Last Name

We think this questionnaire will take about 5-7 minutes for you to complete including listening to or reviewing instructions and collecting information. If you have comments about this time estimate or any part of the questionnaire, including suggestions for reducing the time required, please send them to Reports Clearance Officer, PHS, 721-H Herbert H. Humphrey Building, 200 Independence Avenue S.W., Washington, D.C. 20201; and to Office of Management and Budget, Paper Work Reduction Project (0925-0294), Washington, D.C. 20503.



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WHAT I THINK AND FEEL

0925-0294
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NGHS Form 23
Rev. 1 10/90
3 Pages

ID						
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DIRECTIONS:

Here are some sentences that tell how some people think and feel about themselves. Read each sentence carefully. Make a check in the box in the "Yes" column if you think it is true about you. Make a check in the box in the "No" column if you think it is not true about you. Answer every question even if some are hard to decide. Do not check both "Yes" and "No" for the same sentence.

There are no right or wrong answers. Only you can tell us how you think and feel about yourself. Remember, after you read each sentence, ask yourself "Is it true about me?". If it is, check the "Yes" box. If it is not, check the "No" box.

	Yes	No	
1. I have trouble making up my mind	<input type="checkbox"/>	<input type="checkbox"/>	ITEM1
2. I get nervous when things do not go the right way for me	<input type="checkbox"/>	<input type="checkbox"/>	ITEM2
3. Others seem to do things easier than I can	<input type="checkbox"/>	<input type="checkbox"/>	ITEM3
4. I like everyone I know	<input type="checkbox"/>	<input type="checkbox"/>	ITEM4

	Yes	No	
5. Often I have trouble getting my breath	<input type="checkbox"/>	<input type="checkbox"/>	ITEM5
6. I worry a lot of the time	<input type="checkbox"/>	<input type="checkbox"/>	ITEM6
7. I am afraid of a lot of things	<input type="checkbox"/>	<input type="checkbox"/>	ITEM7
8. I am always kind	<input type="checkbox"/>	<input type="checkbox"/>	ITEM8

-
- | | Yes | No | |
|--|--------------------------|--------------------------|--------|
| 9. I get mad easily | <input type="checkbox"/> | <input type="checkbox"/> | ITEM9 |
| 10. I worry about what my parents will say to me | <input type="checkbox"/> | <input type="checkbox"/> | ITEM10 |
| 11. I feel that others do not like the way I do things | <input type="checkbox"/> | <input type="checkbox"/> | ITEM11 |
| 12. I always have good manners | <input type="checkbox"/> | <input type="checkbox"/> | ITEM12 |
| 13. It is hard for me to get to sleep at night | <input type="checkbox"/> | <input type="checkbox"/> | ITEM13 |
| 14. I worry about what other people think about me | <input type="checkbox"/> | <input type="checkbox"/> | ITEM14 |
| 15. I feel alone even when there are people with me | <input type="checkbox"/> | <input type="checkbox"/> | ITEM15 |
| 16. I am always good | <input type="checkbox"/> | <input type="checkbox"/> | ITEM16 |
| 17. Often I feel sick in my stomach | <input type="checkbox"/> | <input type="checkbox"/> | ITEM17 |

-
- | | Yes | No | |
|---|--------------------------|--------------------------|--------|
| 18. My feelings get hurt easily | <input type="checkbox"/> | <input type="checkbox"/> | ITEM18 |
| 19. My hands feel sweaty | <input type="checkbox"/> | <input type="checkbox"/> | ITEM19 |
| 20. I am always nice to everyone | <input type="checkbox"/> | <input type="checkbox"/> | ITEM20 |
| 21. I am tired a lot | <input type="checkbox"/> | <input type="checkbox"/> | ITEM21 |
| 22. I worry about what is going to happen | <input type="checkbox"/> | <input type="checkbox"/> | ITEM22 |
| 23. Other people are happier than I | <input type="checkbox"/> | <input type="checkbox"/> | ITEM23 |
| 24. I tell the truth every single time | <input type="checkbox"/> | <input type="checkbox"/> | ITEM24 |
| 25. I have bad dreams | <input type="checkbox"/> | <input type="checkbox"/> | ITEM25 |

-
- | | Yes | No | |
|---|--------------------------|--------------------------|--------|
| 26. My feelings get hurt easily when I am fussed at | <input type="checkbox"/> | <input type="checkbox"/> | ITEM26 |
| 27. I feel someone will tell me I do things the wrong way | <input type="checkbox"/> | <input type="checkbox"/> | ITEM27 |
| 28. I never get angry | <input type="checkbox"/> | <input type="checkbox"/> | ITEM28 |
| 29. I wake up scared some of the time | <input type="checkbox"/> | <input type="checkbox"/> | ITEM29 |
| 30. I worry when I go to bed at night | <input type="checkbox"/> | <input type="checkbox"/> | ITEM30 |
| 31. It is hard for me to keep my mind on my schoolwork | <input type="checkbox"/> | <input type="checkbox"/> | ITEM31 |

-
- | | Yes | No | |
|---|--------------------------|--------------------------|--------|
| 32. I never say things I shouldn't | <input type="checkbox"/> | <input type="checkbox"/> | ITEM32 |
| 33. I wiggle in my seat a lot | <input type="checkbox"/> | <input type="checkbox"/> | ITEM33 |
| 34. I am nervous | <input type="checkbox"/> | <input type="checkbox"/> | ITEM34 |
| 35. A lot of people are against me | <input type="checkbox"/> | <input type="checkbox"/> | ITEM35 |
| 36. I never lie | <input type="checkbox"/> | <input type="checkbox"/> | ITEM36 |
| 37. I often worry about something bad happening to me | <input type="checkbox"/> | <input type="checkbox"/> | ITEM37 |