FTYPE NGHS Form 23
FREV Rev. 0 1/89

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						

0925-0294 exp. 12/89
NGHS Form 23
Rev. 0 1/89
3 Pages

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

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

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

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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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exp. 9/92

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3 Pages

NHLBI GROWTH AND HEALTH STUDY

WHAT I THINK AND FEEL

ID						
NC						
VN						

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	☐	☐	ITEM1
2. I get nervous when things do not go the right way for me	☐	☐	ITEM2
3. Others seem to do things easier than I can	☐	☐	ITEM3
4. I like everyone I know	☐	☐	ITEM4

	Yes	No	
5. Often I have trouble getting my breath	☐	☐	ITEM5
6. I worry a lot of the time	☐	☐	ITEM6
7. I am afraid of a lot of things	☐	☐	ITEM7
8. I am always kind	☐	☐	ITEM8

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

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

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

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