

Predicovid (children participants) - Monthly questionnaire (M2-M11)

- 1) How do you feel today ? I feel good / I feel tired / I feel bad
- 2) Since filling out your last questionnaire, have you seen a doctor for a reason related to Covid19?
If yes, for what reason?
- 3) Have you retrieved a lifestyle comparable to the one you had before the onset of symptoms associated with Covid19? If no, why?
- 4) Have you gone back to school?
If no, is it because of complications related to covid19?
If yes, are you in a period of exams / tests?
- 5) Compared to before your diagnosis with Covid19 or your symptoms associated with Covid19, would you say today that:
 - a) Your appetite
 - b) Your physical activity
 - c) Your sleep(Has decreased / Is the same or almost the same / Has increased)
- 6) What is your height in cm?
- 7) What is your weight in kg? (Please weigh yourself without shoes)

Sleeping habits

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1. During the past month, when have you usually gone to bed at night?
USUAL BED TIME _____

 2. During the past month, how long (in minutes) has it usually take you to fall asleep each night?
NUMBER OF MINUTES _____

 3. During the past month, when have you usually gotten up in the morning?
USUAL GETTING UP TIME _____

 4. During the past month, how many hours of actual sleep did you get at night? (This may be different than the number of hours you spend in bed.)
HOURS OF SLEEP PER NIGHT _____

Perceived quality of life (HBSC, Cantril ladder)

Here is the picture of a ladder.

The higher rung of this "10" scale means the best possible life for you, the lower rung of the "0" scale means the worst possible life for you.

Where are you on this scale, if you look at your current life?

Check the box next to the number that best describes your situation.

<input type="checkbox"/>	10 The best possible life
<input type="checkbox"/>	9
<input type="checkbox"/>	8
<input type="checkbox"/>	7
<input type="checkbox"/>	6
<input type="checkbox"/>	5
<input type="checkbox"/>	4
<input type="checkbox"/>	3
<input type="checkbox"/>	2
<input type="checkbox"/>	1
<input type="checkbox"/>	0 The worst possible life