

| Sources | Questions |
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| <p>ICF (0-17 years) UNICEF (2-9 years) National Disability Survey-Irlanda NHIS Child Disability Questions (0-17 years) NHIS Child Disability Questions (0-17 years) Northern Ireland Survey Northern Ireland Survey PALS - Canada</p> | <p>SEEING Does (name) have any problem seeing things ? Compared with other children does (name) have difficulty seeing, either in the daytime or at night? (Wearing your glasses/contact lenses), do you have difficulty seeing? Does (name) have any trouble seeing (even when wearing glasses or contact lenses)? Is (name) blind or unable to see at all? With your glasses or contact lenses, do you have any difficulty seeing ordinary picture books/the print in ordinary reading books? With your glasses or contact lenses, do you have any difficulty clearly seeing the face of someone across room (from 4 meters or 12 feet)? (With glasses or contact lenses), how you would describe (name)'s vision ability? He/she has no problem seeing/ He/she has difficulty seeing/ Don't know/ Refusal How much difficulty? Some difficulty/ A lot of difficulty/ Don't know/ Refusal</p> |
| <p>WG</p> | <p>[Do/Does] [you/he/she] have difficulty seeing [even when wearing your glasses]? Would you say... No difficulty, Some difficulty, A lot of difficulty, Cannot do at all/unable . . .</p> |
| <p>WG</p> | <p>[Do/does] [you/he/she] have difficulty clearly seeing someone's face across a room [even when wearing [your/his/her] glasses]? Would you say...No difficulty, Some difficulty, A lot of difficulty, Cannot do at all/unable. . .</p> |
| <p>WG</p> | <p>[Do/does] [you/he/she] have difficulty clearly seeing the picture on a coin [even when wearing [your/his/her] glasses]? Would you say... No difficulty, Some difficulty, A lot of difficulty, Cannot do at all/unable. . .</p> |
| <p>PALS - Canada - NEW</p> | <p>Does (CHILD NAME) wear glasses or contact lenses to improve his/her vision?</p> |
| <p>PALS - Canada - NEW</p> | <p>With his/her glasses or contact lenses, which of the following best describes his/her ability to see?</p> |
| <p>PALS - Canada - NEW</p> | <p>How often does this difficulty limit his/her daily activities? (If "blind/legally blind" was selected in Q2 difficulty is changed to "condition")</p> |
| <p>UK</p> | <p>Does he have any difficulty in seeing (when wearing glasses/ lenses (and/or vision aids))?</p> |
| <p>UK (3-16years)</p> | <p>In the daytime can (name) see well enough in a room to tell by the light where the windows are?</p> |
| <p>UK (3-16 years)</p> | <p>Can he see well enough to walk round an unfamiliar well-lit shop or room without bumping into things?</p> |
| <p>UK (3-16 years)</p> | <p>Can he see well enough to recognise someone he knows if they close to his face and don't speak?</p> |
| <p>UK (3-4 years)</p> | <p>Can he see well enough to recognise someone he knows across a room - if they don't speak?</p> |
| <p>UK (3-4 years)</p> | <p>Can he see well enough to follow a children's television programme: sitting at a normal distance from the TV set/ sitting close up to the TV set/ or not at all?</p> |
| <p>UK (1-4 years)</p> | <p>Can he see well enough to recognise things in picture books: with the book held at a normal distance from his face / with the book held very close to his face/ or not at all?</p> |
| <p>UK (6 months-1 years)</p> | <p>Can he see well enough to recognise you when you are close of him if you don't speak?</p> |
| <p>UK (6 months-1 years)</p> | <p>Can he see well enough to follow a moving object with his eyes?</p> |
| <p>UK (5-16 years)</p> | <p>Does he have difficulty recognising someone he knows across a road (when wearing his glasses/lenses)?</p> |
| <p>UK (5-16 years)</p> | <p>Can he see to read ordinary newspaper print without difficulty, (when wearing glasses. . . .)?</p> |
| <p>UK (5-16 years)</p> | <p>Can he see well enough to read a large print book with book: held at a normal distance from his face/ held close up to his face/ or not at all?</p> |
| <p>UK (5-16 years)</p> | <p>Could he see what was written on a blackboard if he were sitting at the front of a classroom?</p> |
| <p>UK (5-16 years)</p> | <p>Can he see well enough (wearing glasses. . . .) to enjoy a comic or a book of picture on his own: holding it at a normal distance from his face/ holding it close up to his face/ or not at all?</p> |
| <p>UK (5-16 years)</p> | <p>Can he see well enough to follow a television programme: sitting at a normal distance from his face/ sitting close up to the set/ or not at all?</p> |
| <p>UK (5-16 years)</p> | <p>Can he see well enough to reach for and pass things at meal times?</p> |

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| ICF (0-17 years) UNICEF (2-9 years) National Disability Survey-Irlanda NHIS Child Disability Questions (0-17 years) Northern Ireland Survey PALS - Canada | HEARING Does (name) have any problem hearing sounds ? Does (name) appear to have difficulty hearing? (Using your hearing aid), do you have difficulty hearing? Which statement best describes (name)'s hearing without a hearing aid: Excellent, good, a little trouble hearing, moderate trouble, a lot of trouble, or is (name) deaf? What the use of a hearing aid, how much difficulty does (name) have hearing? (With hearing aid) how you would describe (name)'s ability to hear? He/she has no problem hearing/ He/she has difficulty hearing/ Don't know/ Refusal |
| WG | How much difficulty? Some difficulty/ A lot of difficulty/ Don't know/ Refusal [Do/Does] [you/he/she] have difficulty hearing, [even when using a hearing aid(s)]? Would you say... No difficulty, Some difficulty, A lot of difficulty, Cannot do at all/unable . . . |
| WG | [Do/Does] [you/he/she] have difficulty hearing what is said in a conversation with one other person in a quiet room [even when using your hearing aid(s)]? Would you say... No difficulty, Some difficulty, A lot of difficulty, Cannot do at all/unable . . . |
| WG | [Do/Does] [you/he/she] have difficulty hearing what is said in a conversation with one other person in a noisier room [even when using your hearing aid(s)]? Would you say... No difficulty, Some difficulty, A lot of difficulty, Cannot do at all/unable . . . |
| PALS - Canada - NEW | Does (CHILD NAME) use a hearing aid or cochlear implant? |
| PALS - Canada - NEW | (With his/her hearing aid or cochlear implant) which of the following best describes his/her ability to hear? |
| PALS - Canada - NEW | How often does this difficulty limit his/her daily activities? (If "deaf" was selected in Q2 difficulty is changed to "condition") |
| UK | Does he have any difficulty hearing (when wearing his hearing aid)? |
| UK (3-4 years) | Can (name) hear (when wearing his hearing aid) if you speak to him in a normal voice in a quite room when he can't see your face? |
| UK (3-4 years) | Can (name) hear (when wearing his hearing aid) if you speak to him in a loud voice in a quite room when he can't see your face? |
| UK (1-4 years) | Can (name) hear (when wearing his hearing aid) does he hear if you call his name: in the same room/ from the next room/ outdoors in a busy street |
| UK (5-16 years) | Does he have difficulty hearing someone, talking to him in a quite room (with his hearing aid) if he can't see their mouth? |
| UK (5-16 years) | Does he have difficulty hearing what someone says to him in a quite room if they speak loudly and he can't see their mouth? |
| UK (5-16 years) | How difficult would it be for him (when wearing his hearing aid) to hear the doorbell or telephone bell? |
| UK (5-16 years) | How difficult would it be for him (when wearing his hearing aid) to follow a TV or radio programme at a volume level acceptable to others? |
| UK (5-16 years) | How difficult would it be for him (when wearing his hearing aid) to follow a TV or radio programme with the volume turned up? |
| UK (5-16 years) | How difficult would it be for him (when wearing his hearing aid) to hear someone speaking on an ordinary telephone without adaptation? |
| UK (5-16 years) | How difficult would it be for him (when wearing his hearing aid) to hear a teacher speaking in an ordinary classroom if he were sitting at the front? |

| Sources | Questions |
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| | <p>LEARNING AND APPLYING KNOWLEDGE</p> <p>ICF (0-12 years) Does (name) have any problems mouthing, touching, or tasting things?</p> <p>ICF (0-12 years) Does (name) have any problems playing with things?</p> <p>ICF (0-12 years) Does (name) have any problems using words, phrases or sentences?</p> <p>ICF (3-12 years) Does (name) have any problems with concepts such as amount, length, the same or different?</p> <p>ICF (3-12 years) Does (name) have any problems learning to read?</p> <p>ICF (3-12 years) Does (name) have any problems learning to write?</p> <p>ICF (3-12 years) Does (name) have any problems learning to calculate?</p> <p>ICF (13-17 years) Does (name) have any problems reading?</p> <p>ICF (13-17 years) Does (name) have any problems writing?</p> <p>ICF (13-17 years) Does (name) have any problems calculating?</p> <p>ICF (13-17 years) Does (name) have any problems with solving problems?</p> <p>UNICEF (2-9 years) Does (name) learn to do things like other children his/her age?</p> <p>National Disability Survey-Irlanda Do you have any difficulty in learning everyday skills such as reading, writing, using simple tools, learning the rules of a game due to a condition such as ADHD (Attention Deficit Hyperactive Disorder) or dyslexia</p> <p>NHIS Child Disability Questions (3-17 years) Has a representative from a school or a health professional ever told you that (name) had a learning disability?</p> <p>LIFE-H Does (name) have any problems doing homework?</p> <p>LIFE-H Does (name) have any problems taking part in learning activities at school?</p> <p>CASP Does (name) have any problems using education material in the classroom?</p> <p>CASP Does (name) have any problems doing educational activities with other children in the classroom?</p> <p>Northern Ireland Survey Does (name) have any difficulties learning, for example at school, nursery, at home or in other places?</p> <p>Northern Ireland Survey Has a teacher, doctor, psychologist or other health professional ever said that (name) has a learning difficulty?</p> <p>PALS - Canada Do you think that (name) has a learning disability, such as dyslexia, hyperactivity or attention problems?</p> <p>PALS - Canada Has a teacher, doctor, psychologist or other health professional ever said that (name) had a learning disability?</p> <p>PALS - Canada Does this condition reduce the amount or the kind of activities (name) can do? (Yes, sometimes/ Yes, often or always/ No/ Refusal/ Don't know)</p> <p>PALS - Canada How many activities does this condition usually prevent (him/her) from doing: at home? None/ A few/ Many/ Most/ Don't Know at school? None/ A few/ Many/ Most/ Don't Know at play or recreational activities? None/ A few/ Many/ Most/ Don't Know</p> <p>PALS - Canada - NEW Do you think that (CHILD NAME) has a condition that makes it difficult in general for him/her to learn? This may include learning disabilities such as dyslexia, hyperactivity, attention problems as well as other conditions.</p> <p>PALS - Canada - NEW Has a teacher, doctor or other health professional ever said that (CHILD NAME) had a learning disability?</p> |

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| <p>ICF (0-17 years) ICF (0-17 years) ICF (0-17 years) ICF(0-12 years) ICF (0-17 years) UNICEF (2-9 years) UNICEF (2-9 years)</p> | <p>COMMUNICATION Does (name) have any problems understanding what others say? Does (name) have any problems understanding the meaning of gestures or pictures? Does (name) have any problems speaking? Does (name) have any problems making different vocal sounds? Does (name) have any problems gestures, pictures or drawings to communicate? When you tell (name) to do something, does he/she seem to understand what you are saying? Does (name) speak at all (can he/she make himself/herself understood in words; can he/she say any recognizable words)? a. Ages 3-9: Is (name)'s speech in any way different from normal? b. Age 2: Can he/she name at least one object (animal, toy, cup or spoon)?</p> |
| <p>UNICEF (3-9 years) UNICEF (2 years) LIFE-H LAQ-G CASP CFFS</p> | <p>Is (name)'s speech in any way different from normal? Can he/she name at least one object (animal, toy, cup or spoon)? Does (name) have any problems using a telephone at home? How easily child communicates verbally or non verbally with others? Does (name) have any problems communicating with other children and adults at home? What is your child's primary way of communicating? Verbal speech (full sentences), Verbal speech (1-2 word phrases), Non verbal gestures, Communication device, Sign language, Writing, Typing</p> |
| <p>Northern Ireland Survey PALS - Canada PALS - Canada</p> | <p>Compared to other children of his/her age, does (name) have any difficulty making him/herself understood when communicating? Because of a condition or health problems, does (name) have any difficulty speaking? Because of a condition or health problems, does (name) have any difficulty making (himself/herself) understood when speaking?</p> |
| <p>PALS - Canada</p> | <p>How much difficulty? (some difficulty/ a lot of difficulty/ cannot speak/ don't know/ refusal) How well do you feel (name) is able to make (himself/herself) understood when speaking with: family members? Completely/ Partially/ Not at all/ Not applicable /Don't know/ Refusal other children? Completely/ Partially/ Not at all/ Not applicable /Don't know/ Refusal other people? Completely/ Partially/ Not at all/ Not applicable /Don't know/ Refusal</p> |
| <p>WG</p> | <p>Using [your/his/her] usual (customary) language, do [you/he/she] have difficulty communicating, for example understanding or being understood?</p> |
| <p>PALS - Canada - NEW PALS - Canada - NEW PALS - Canada - NEW PALS - Canada - NEW</p> | <p>Does (CHILD NAME) have difficulty making yourself understood when communicating? Because of a condition or health problem does (CHILD NAME) have any difficulty communicating? Does (CHILD NAME) have a communication disability that makes it difficult for him/her to understand what other people are saying? Does (CHILD NAME) have difficulty understanding what other people are saying to him/her in his/her usual language?</p> |
| <p>UK (3-4 years) UK (2 years) UK (2 years) UK (1 year) UK (3-4 years) UK (3-4 years) UK (3-4 years) UK (4 years) UK (3 years) UK (2 years) UK (1 year) UK (6 months) UK (5-16 years) UK (5-16 years) UK (5-16 years)</p> | <p>Can (name) tell you what he has been doing or about something that has happened to him? Can (name) ask questions? Can (name) join 2 or more words together to make sentences like "car go" or "mummy eat"? Can (name) say a few simple words? Can you yourself usually understand what he means when he talks? Can other people in the family usually understand what he means when he talks? Can people outside the family usually understand what he means when he talks? Can (name) understand what people outside the family say to him? Can (name) understand what you say him? Can (name) understand things you ask him to do like fetching things from another room? Can (name) understand simple things you ask him like "say bye bye" or "come to mummy"? Can (name) understand things like "no-no" and "bye-bye"? Do people have any difficulty understanding (name)? Do you yourself have any difficulty understanding him? Does he have any difficulty understanding what other people say or what they mean?</p> |

| Sources | Questions |
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| UK (5-16 years) UK (5-16 years) UK (5-16 years) UK (5-16 years) | Can he understand what you yourself say to him if you speak as you would to any child of his age? Can he understand you if you speak as you would to a younger child? Can he understand things you ask him to do like fetching things from another room? Do you use means other than speech to help him understand? |

| Sources | Questions |
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| <p>ICF (0-17 years)</p> <p>ICF (0-6 years)</p> <p>ICF (7-17 years)</p> <p>ICF (3-17 years)</p> <p>ICF (0-17 years)</p> <p>ICF (0-17 years)</p> <p>UNICEF (2-9 years)</p> <p>UNICEF (2-9 years)</p> <p>National Disability Survey-Irlanda</p> <p>NHIS Child Disability Questions (0-17 years)</p> <p>NHIS Child Disability Questions (0-17 years)</p> <p>NHIS Child Disability Questions (0-17 years)</p> <p>LIFE-H</p> <p>LAQ-G</p> <p>CASP</p> <p>CFFS</p> <p>Northern Ireland Survey</p> <p>Northern Ireland Survey</p> <p>Northern Ireland Survey</p> <p>Northern Ireland Survey</p> <p>PALS - Canada</p> <p>WG</p> <p>WG</p> <p>WG</p> <p>WG</p> <p>PALS - Canada - NEW</p> | <p>MOBILITY</p> <p>Does (name) have any problems sitting up or getting to stand?</p> <p>Does (name) have any problems with uncontrolled movements of arms or legs?</p> <p>Does (name) have any problems remaining seated or standing when it is required by a task?</p> <p>Does (name) have any problems using hands, fingers and thumb?</p> <p>Does (name) have any problems using hands and arms?</p> <p>Does (name) have any problems walking?</p> <p>Compared with other children, did (name) have any serious delay in sitting, standing or walking?</p> <p>Does (name) have difficulty in walking or moving his/her arms or does he/she have weaknesses and/or stiffness in the arms or legs?</p> <p>Do you have difficulties moving around inside your home</p> <p>Do you have difficulties going outside of your home</p> <p>Do you regularly use a private car for transport? If yes, then because of your disability, do you experience any difficulty using it compared to other children your age?</p> <p>Private car as passenger</p> <p>Compared to other children your age, do you have difficulty getting in and out of bed by yourself</p> <p>Do you have difficulty using your hands and fingers, eg picking up small objects or opening and closing containers</p> <p>Do you have difficulties walking a longer distance, eg walking for about 15 minutes</p> <p>Does (name) have any impairment or health problem that requires him/her to use special equipment, such as a brace, a wheelchair, or a hearing aid (excluding ordinary eyeglasses or corrective shoes)?</p> <p>Does (name) have an impairment or health problem that limits his/her ability to (crawl), walk, run, or play?</p> <p>Is this an impairment or health problem that has lasted, or is expected to last, 12 months or longer?</p> <p>Does (name) have any problems riding a bicycle?</p> <p>What is the furthest distance your child has gone outside without your help over last week?</p> <p>Compared to other children your child's age, what is your child's current level of participation in the following activities?</p> <p>Moving about in and around the home</p> <p>Moving around the neighbourhood and community</p> <p>Moving around at school</p> <p>What is your child's primary way of moving around? Walking, Walking using an assistive device, Creeping or crawling, A manual wheelchair, A powered wheelchair</p> <p>In comparison to other children his/her age, does (name) have any difficulty getting around rooms or hallways or for short distance outside?</p> <p>In comparison to other children his/her age, does (name) have any difficulty getting up and down a flight stairs, about 12 step, without resting?</p> <p>In comparison to other children his/her age, does (name) have any difficulty moving from one room to another?</p> <p>In comparison to other children his/her age, does (name) have any difficulty getting in and out the bed?</p> <p>Because of a condition or health problems, does (name) have any difficulty walking? This means walking on a flat firm surface, such as a sidewalk or floor. Yes, sometimes/ yes often or always/ No/ Refusal/ Don't know</p> <p>How much difficulty does (name) have walking? (some difficulty/ a lot of difficulty/ cannot walk/ don't know/ refusal)</p> <p>[Do/Does] [you/he/she] have difficulty walking or climbing steps? Would you say...No difficulty, Some difficulty, A lot of difficulty, Cannot do at all/unable. . .</p> <p>[Do/Does] [you/he/she] have difficulty walking 100 meters on level ground, that would be about the length of one football field or one city block [with and without the use of your aid]? Would you say... No difficulty, Some difficulty, A lot of difficulty, Cannot do at all/unable. . .</p> <p>[Do/Does] [you/he/she] have difficulty walking half a km on level ground, that would be the length of five football fields or five city blocks [with and without the use of your aid]? Would you say...No difficulty, Some difficulty, A lot of difficulty, Cannot do at all/unable. . .</p> <p>[Do/Does] [you/he/she] have difficulty walking up or down 12 steps? Would you say...No difficulty, Some difficulty, A lot of difficulty, Cannot do at all/unable. . .</p> <p>Does (CHILD NAME) use any aids or specialized equipment to help him/her move around or use stairs?</p> |

| Sources | Questions |
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| PALS - Canada - NEW | |
| PALS - Canada - NEW | (With (CHILD NAME)'s specialized aid or equipment), how much difficulty does he/she have walking on a flat surface for 15 minutes without resting? |
| PALS - Canada - NEW | With (CHILD NAME)'s specialized aid or equipment), how much difficulty does he/she have walking up or down a flight of stairs, about 12 steps without resting? |
| PALS - Canada - NEW | How often does (CHILD NAME)'s difficulty (walking or climbing stairs) limit his/her daily activities? |
| UK (4 years) | Can (name) walk without help from someone for at least a quarter of mile? |
| UK (3 years) | Can (name) walk without help from someone for at least 200 yards? |
| UK (2 years) | Can (name) walk at least 50 yards without help from someone? |
| UK (1 years) | Can (name) walk a few steps without help or holding on to something? |
| UK (6 months) | Can (name) walk by holding on to furniture? |
| UK (2-4 years) | Can (name) stand without help and without holding on to anything? |
| UK (6 months-1 years) | Can (name) stand holding on to furniture or the side of his cot? |
| UK (under 6 months) | Can (name) kick or move hi legs at all? |
| UK (4 years) | Can (name) walk up a flight of 12 stairs one foot to a step without help or holding on? |
| UK (3 years) | Can (name) walk upstairs with alternating feet without help from someone? |
| UK (2 years) | Can (name) walk upstairs two feet to a step? |
| UK (1 years) | Can (name) walk upstairs with one hand help? |
| UK (4 years) | Can (name) walk down a flight of 12 stairs one foot to a step without help or holding on? |
| UK (3 years) | Can (name) walk downstairs two feet to a step without help from someone? |
| UK (2 years) | Can (name) walk downstairs two feet to a step holding on to someone or something? |
| UK (1 years) | Can (name) get downstairs crawling backwards or bumping on his bottom? |
| UK (4 years) | Can (name) bend, squat and kneel down from a standing position and get up again without holding on? |
| UK (2-3 years) | Can (name) squat and kneel down from a standing position and get up again without holding on? |
| UK (1 years) | Can (name) squat or kneel? |
| UK (5-16 years) | What is the furthest he can walk without help from someone else, without stopping and without severe discomfort? (Only few steps; more than a few steps, less than 50 yards; 50 yards, less than 200 yards; 200 yards, less than 1 mile; 1 mile or more |
| UK (5-16 years) | For how long can he walk without help, without stopping and without severe discomfort? Less than 5 minutes; 5, but less than 10 minutes; 10, but less than 15 minutes; 15, but less than 30 minutes; 30 minutes, but less than 1 hour; 1 hour or more |
| UK (5-16 years) | Can (name) run at least the width of a tennis court and back without difficulty? |
| UK (5-16 years) | Can he run at all? |
| UK (5-16 years) | Does (name) have great difficulty walking up or down steps or stairs? |
| UK (5-16 years) | Can he walk up and down one step on his own without help? |
| UK (5-16 years) | Can he walk up and down a flight of 12 stairs on his own without help, without stopping for a rest and without holding on? |
| UK (5-16 years) | Does he walk up steps or stairs in a normal manner, or does he use both feet to a step, go sideways or anything like that? |
| UK (5-16 years) | Does he walk down steps or stairs in a normal manner, or does he use both feet to a step, go sideways and son on? |
| UK (5-16 years) | If he hold on, can he walk up and down a flight of 12 stairs on his own without stopping for a rest? |
| UK (5-16 years) | If he stops for a rest can he walk up and down a flight of 12 stairs on his own? |
| UK (5-16 years) | Does (name) have difficulty bending down and straightening up again, even if he holds on to something? |
| UK (5-16 years) | Does he have difficulty bending down and straightening up again if he does not hold on to something? |
| UK (5-16 years) | Can he bend, crouch or kneel down to clear things away and straighten up again, holding on if necessary? |
| UK (5-16 years) | Can he bend down far enough to touch his knees and straighten up again, holding on if necessary? |
| UK (5-16 years) | Can he bend , crouch or kneel down and pick something up from the floor and straighten up again, holding on if necessary? |

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| ICF (0-17 years) ICF (13-17 years) ICF (3-12 years) National Disability Survey-Irlanda | RELATIONSHIPS Does (name) have any problems relating to others? Does (name) have any problems in forming and keeping social relationships? Does (name) have any problems have engaging in activities in school, neighbourhood or community? Are your main social activities with ... Family members School friends Friends who have a disability Other friends Carers or people who provide a disability service |
| National Disability Survey-Irlanda | In the past 4 weeks did you do any of the following activities? Go out with family or friends eg to a cinema, a park, football match Spend time with friends for recreation/play Visit friends or relatives in their homes Have friends or family to visit you in your home Phone, text, write or email family or friends |
| National Disability Survey-Irlanda | Because of your disability, how difficult would it be for you to participate in the following activities? Going into town shopping – grocery or otherwise Going away for a break or a holiday with family or friends Having friends or family in for a social visit Visiting friends or relatives Socialising in a public venue, such as a cinema, football match Attending religious ceremonies Taking part in community life such as voluntary work, attending or participating in local activities |
| National Disability Survey-Irlanda LIFE-H LIFE-H LAQ-G LAQ-G CASP | In the last 4 weeks, have you taken part in sports or physical exercise ... Does (name) have any problems maintaining friendly or social ties with other young people? Does (name) have any problems taking part in sports or recreational activities? How many times has your child seen his or her friends outside of school hours over the last week? How many out of school activities did your child do in the last week? Does (name) have any problems doing social, play or leisure activities with friends in the neighbourhood and community? |
| Northern Ireland Survey Northern Ireland Survey Northern Ireland Survey | Does (name) have a social or behavioural difficulty, for example difficulty making friends or aggressive outburst etc.? Has a doctor, psychologist, or other health professional ever said that (name) has a social or behavioural difficulty? In the past 12 months how often has (name) taken part in any sport or physical activity with or without a coach or instructor? Please include activities such as dance or aerobics |
| Northern Ireland Survey Northern Ireland Survey Northern Ireland Survey Northern Ireland Survey Northern Ireland Survey Northern Ireland Survey Northern Ireland Survey | In the past 12 months how often has (name) walked for exercise? In the past 12 months how often has (name) gone to the cinema, theatre or art gallery? In the past 12 months how often has (name) used a public library? In the past 12 months how often has (name) gone to a museum? In the past 12 months how often has (name) visited friends and relatives? In the past 12 months how often has (name) taken part in organised group such as youth clubs, church groups, girl or boy scouts etc.? In the past 12 months how often has (name) taken lesson in music, drama, art or other non-sport activities? |
| PALS - Canada | During the past six months, how well (name) gotten along with other children, such as friends or classmates (excluding brothers or sisters)? Very well or any problems/ Quite well or hardly any problems/ Pretty well or occasional problems/ Not too well or frequent problems/ Not well at all or constant problems/ Not applicable/ Don't know) |
| PALS - Canada | In the past 12 months, how many times did another child say something personal about (name) that made him/her extremely upset: while at school or on a school bus? Never/ Once or twice/ 3 or 4 times/ 5 times or more while at home or elsewhere? Never/ Once or twice/ 3 or 4 times/ 5 times or more |
| PALS - Canada | In the past 12 months, outside of school hours, how often has (name) taken part in sports with a coach or instructor (except dance or gymnastics)? Was this activity altered in any way to accommodate (name)'s condition? |
| PALS - Canada | In the past 12 months, outside of school hours, how often has (name) taken part in unorganized sports or physical activities without a coach or instructor? |

| Sources | Questions |
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| PALS - Canada | Was this activity altered in any way to accommodate (name)'s condition? In the past 12 months, outside of school hours, how often has (name) taken lessons in music, art or other non-sport activities? |
| PALS - Canada | Was this activity altered in any way to accommodate (name)'s condition? In the past 12 months, outside of school hours, how often has (name) taken part in clubs, groups or community programs, such as church groups, girl or boy scouts? |
| PALS - Canada | Was this activity altered in any way to accommodate (name)'s condition? How often does (he/ she) talk on the phone with friends? |
| PALS - Canada | Has (name) ever gone to summer camps (including regular or special camps)? |

| Sources | Questions |
|--------------------------|--|
| ICF (0-12 years) CASP | <p>PLAYING</p> <p>Does (name) have any problems playing alone or with others?</p> <p>Compared to other children your child's age, what is your child's current level of participation in the following activities?</p> <p>Social, play, or leisure activities with family members at home (e.g. games, hobbies, "hanging out")</p> <p>Social, play, or leisure activities with friends at home (can include conversations on the phone or internet)</p> <p>Social, play, or leisure activities with friends in the neighbourhood and community (e.g. casual games, "hanging out", going to public place such as a movie theatre, park, or restaurant)</p> <p>Social, play, or recreational activities with other children at school (e.g. "hanging out", sports, clubs, hobbies, creative arts, lunchtime or recess activities)</p> |