PRESENTED BELOW ARE THE FIRST THREE ITEMS AS THEY WOULD ACTUALLY APPEAR IN THE INSTRUMENT. ITEMS 1 AND 2 DIFFER IN FORMAT SLIGHTLY TO THE REST. ON ITEM 1 CHILDREN ARE ASKED TO ANSWER ‘WHY?’ TO EACH OPTION. IN ITEM 2, THEY ARE GIVEN A FREQUENCY RATING SCALE OF FEELING THIS WAY, FROM 1 (NEVER) TO 4 (VERY OFTEN). ITEMS 4 - 29 ALL FOLLOW THE SAME STYLE AS ITEM 3. 

THE FOUR FACIES REPRESENT FEELING TOWARDS THE PROMPT ON THE TOP LEFT. CHILDREN ARE REQUIRED TO RESPOND BY FILLING IN THE CIRCLE BELOW THE REPRESENTATIVE PICTURE.

CHILD SELF REPORT FORM

AUQUEI Questionnaire

1. Sometimes you are...

Not happy at all
Say why...

Unhappy
Say why...

Happy
Say why...

Very happy
Say why...

2. How often are you...

Not happy at all

Occasionally

Often

Very often

Never

Occasionally

Often

Very often

*Color in the boxes that match your reply
3. How do you feel when you’re having dinner with your family?

4. How do you feel when you go to bed at night?

5. If you have brothers and sisters, how do you feel when you play with them?
6. How do you feel when you’re asleep at night?

7. How do you feel when you are at school?

8. How do you feel when you watch a picture of yourself?
9. How do you feel when you go to the doctor’s?

10. How do you feel when you think about your father?

11. How do you feel on your birthday?
12. How do you feel when you think about your mother?

13. How do you feel when you stay in hospital?

14. How do you feel when you play alone?
15. How do you feel when your parents are talking about you?

16. How do you feel when you spend the night away from home?

17. How do you feel when people ask you how to show what you’re able to do?
18. How do you feel when your friends are talking about you?

19. How do you feel when you take a medicine?

20. How do you feel during the holidays?
21. How do you feel when you make a drawing?

22. How do you feel when you see yourself as a grown-up?

23. How do you feel when you are with your grand-parents?
24. How do you feel when you watch television?

25. How do you feel when you move (walk, run, jump)?

26. How do you feel when you are eating?
27. Some days you are well, some days you are sick, how do you feel when you think about your health?

28. How do you feel when people tell you what to do?

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE!!!