



SIZING THEM UP
PARENT VERSION (children 5-18 years)



Understanding the impact of your child's health and treatment (e.g. exercise, diet) on their day-to-day activities can help healthcare professionals provide better treatment recommendations for you and your child. For this reason, we have developed a weight-specific quality of life measure for parents of children with obesity.

INSTRUCTIONS: The following questions are regarding your child's quality of life and your perceptions of how their weight/shape/size impacts their day to day activities. *Please answer all the questions.* There are no right or wrong answers. If you are unsure how to answer a particular question, please choose the response that seems to best fit your child's situation.

SUBJECT ID: _____

DATE: _____

Has your child been on vacation, out of school, or had any major changes (e.g. moving, starting a new school) during the past month?

NO YES If yes, please explain: _____

Please indicate how your child has been feeling within the past MONTH regarding their weight/shape/size by checking the box that best fits your child.

During the past month, indicate how often your child:

Never Sometimes Often Always

- | | | | | |
|---------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Had difficulty participating in physical activities (e.g. sports) because of their weight/shape/size..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Was teased by peers because of their weight/shape/size..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Chose not to go to school because of their weight/shape/size..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Felt sad because of their weight/shape/size..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Had to make changes to surroundings (e.g. furniture, school desks) because of their weight/shape/size..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Argued about when, what and how much to eat..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

During the past month, indicate how often your child:

	Never	Sometimes	Often	Always
7. Chose not to participate in gym/recess/ physical education at school because of their weight/shape/size.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Felt frustrated because of their weight/shape/size...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Avoided dressing or undressing in front of others because of their weight/shape/size.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Kept their body clean and fresh.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Felt worried because of their weight/shape/size.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Felt left out because of their weight/shape/size (e.g. no one talks or sits with them).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Felt mad because of their weight/shape/size.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Was teased by others when physically active because of their weight/shape/size.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Seen as having a good sense of humor.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Felt concerned about their weight/shape/size.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Perceived as healthy by others.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Became upset at mealtimes (e.g. cried, fussed, argued).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Had difficulty keeping up with other children because their weight/shape/size.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Felt successful in daily activities.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Became out of breath and had to slow down because of their weight/shape/size.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Had low self-esteem because of their weight/shape/size.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For parents of children **14 years and older:**



During the past month, indicate how often your child:

Never Sometimes Often Always

- | | | | | |
|-----------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 23. Talked about difficulties dating due to their weight/shape/size..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Preferred to spend time alone because of their weight/shape/size..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Participated in hobbies/clubs (e.g. church group, school club, 4-H, scouts)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Found it difficult to find a job/volunteer activity because of their weight/shape/size..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Worried about the future because of their weight/shape/size..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Attended extracurricular school activities (e.g. dances, sporting events, clubs, concerts)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |