|  |
| --- |
| Questionnaire |
| Thank you for agreeing to participate in the National Children’s Study and completing the Brief Symptom Inventory (BSI®). This questionnaire will take about 10 minutes to complete. It includes questions about problems or difficulties that people may sometimes have. You may use a pencil or pen to record your answers.  Your answers are important to us. We will keep everything that you tell us confidential. |
| Listed below are several points that you may find helpful in completing the questionnaire: |
| * The BSI® includes questions about problems or difficulties people sometimes have. |
| * Read each item carefully before you begin and select the response that best describes how much that problem or difficulty has distressed or bothered you during the PAST 7 DAYS, INCLUDING TODAY. |
| * Please try not to skip any questions and please mark only one response for each problem. |
| * If you change your mind about an answer, please strike out your original answer and then select your new answer. * Before returning this questionnaire to the Regional Operations Center (ROC), please make sure you have answered all the items and that there is only one answer for each item. * Follow instructions on the next page for information about returning this questionnaire to the Regional Operations Center. |
| If you have any questions, please call the local contact number located on the last page.  Thank you for taking the time to complete this questionnaire! |

|  |
| --- |
| *For Office Use Only:*  *Instructions for returning the questionnaire to the Regional Operations Center (ROC):*  *{Local instructions inserted by ROC: Provide the parent/caregiver with ROC-specific instructions for returning the questionnaire to the ROC here.}* |
| Insert ROC contact information label here. |