

## BMS Pediatric Self Report 8-12 Interview Form II: Research Staff Instructions

**Instructions:** This form is designed to aid in the interview process. If you are handing the form to the participant for them to fill out, use the mail version of this form instead. Instructions to the interviewer appear throughout the survey in italics, and scripts to read aloud to the participants appear using quotation marks. The scripts to read aloud are also boxed and shaded in light gray. Use these scripts as suggestions for how to move through the survey while establishing rapport with the participant.

Missing codes appear throughout this interview in small boxes. If a participant doesn't want to answer any item or doesn't know the answer, circle "88" (Declined to Answer/Refused) or "99" (Unknown) in that item's corresponding missing code box. Some items have missing codes built into their response options and therefore don't have those code boxes.

Remember to fill out the Medical Record Abstraction Form II. For the pain medication items, check the medical record to determine if there were any pain medications prescribed within the data collection window. Note on the Medical Record Abstraction Form II form and enter in the appropriate field during data entry.

<b>Form II Administration:</b>		
<b>Follow-up period</b> <input type="checkbox"/> 1. 6-month follow-up <input type="checkbox"/> 2. 12 month follow-up <input type="checkbox"/> 3. 24 month follow-up <input type="checkbox"/> 4. 5 year follow-up <input type="checkbox"/> 5. 10 year follow-up	<b>What is the method of administration of this form?</b> <input type="checkbox"/> 1. In person interview <input type="checkbox"/> 3. Telephone interview <input type="checkbox"/> 5. Medical Record Review	<b>What is the language of administration of this form?</b> <input type="checkbox"/> 1. English <input type="checkbox"/> 2. Spanish
<b>What is the status of this follow-up assessment?</b> <input type="checkbox"/> 1. Some or all assessment done <input type="checkbox"/> 2. Death due to burn related complications (update date and cause of death on Patient Status Form) <input type="checkbox"/> 3. Death due to non- burn related complications (update date and cause of death on Patient Status Form) <input type="checkbox"/> 4. Unable to locate <input type="checkbox"/> 5. Refused this assessment <input type="checkbox"/> 6. Unable to test/med comp/incapable of responding <input type="checkbox"/> 7. Failed to respond <input type="checkbox"/> 8. Did not consent to future assessment/withdrew <input type="checkbox"/> 11. Incarcerated <input type="checkbox"/> 13. Still in hospital (not discharged yet) <input type="checkbox"/> 14. Unable to travel for assessment <input type="checkbox"/> 15. Death (unknown causes) (update date and cause of death on Patient Status Form)		<b>If follow-up status is "unable to locate," mark the best reason, below:</b> <input type="checkbox"/> 1. Homeless at previous data collection <input type="checkbox"/> 2. International place of residence <input type="checkbox"/> 3. Participant is child who was/is in CPS custody or foster care and no contact information is available <input type="checkbox"/> 4. No known current contact info <input type="checkbox"/> 5. Other reasons <input type="checkbox"/> 6. Unable to contact due to Shriners Hospital regulations

## Burn Model System Follow-up Survey: Introduction

**Introduction Script** (replace this script with your personalized center introduction script if applicable or modify as needed to facilitate the flow and rapport of the interview):

“Hi my name is \_\_\_\_\_ and I am calling from \_\_\_\_\_ to ask you some questions about how you have been doing (since your injury)... or (since we last spoke with you on (last follow-up date)). Thank you for continuing to participate in our study. The aim of the study is to learn about how young people do after a burn injury. Your answers will help us understand the experiences of all people with burn injury and I appreciate your willingness to share those experiences. I'll be asking questions about your burn injury, your health, and other questions about you and people around you. I will guide you as we go along. You may notice that some questions are similar and feel repetitive. This is not a mistake and is part of the research process. All information will be kept confidential.

If you are unsure how to answer a question, please give the answer that fits you best. You can choose to skip any questions you don't want to answer or feel uncomfortable answering. Just tell me, “skip.” Please let me know at any time if you have any questions.”

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

As a reminder, your last research study questionnaire was completed on \_\_\_\_/\_\_\_\_/\_\_\_\_.

“We're going to go ahead and get started.”

### Section I

*Interviewer instructions: Write in 88 for refused or 99 for unknown for this section.*

**The following questions ask about your appearance:**

	<b>Definitely true = 1</b>	<b>Mostly true = 2</b>	<b>Not sure = 3</b>	<b>Mostly false = 4</b>	<b>Definitely false = 5</b>
1. I feel that the burn is unattractive to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I think people would not want to touch me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel unsure of myself among strangers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Changes in my appearance have interfered with my relationships.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section 2***Interviewer instructions: Write in 88 for refused or 99 for unknown for this section.*

**This is a list of problems that kids sometimes have after experiencing an upsetting event. Read each one carefully and then choose the response that best describes how often that problem has bothered you IN THE LAST 2 WEEKS.**

	<b>Not at all or only at one time</b>	<b>Once a week or less/ once in a while</b>	<b>2 to 4 times a week/ half the time</b>	<b>5 or more times a week/ almost always</b>
1. Having upsetting thoughts or images about your burn injury that came into your head when you didn't want them to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Having bad dreams or nightmares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Acting or feeling as if your burn injury was happening again (hearing something or seeing a picture about it and feeling as if I am there again)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Feeling upset when you think about it or hear about your burn injury (for example, feeling scared, angry, sad, guilty, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Having feelings in your body when you think about or hear about your burn injury (for example, breaking out into a sweat, heart beating fast)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Trying not to think about, talk about, or have feelings about your burn injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Trying to avoid activities, people, or places that remind you of your burn injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Not being able to remember an important part of your burn injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Having much less interest or doing things you used to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Not feeling close to people around you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Not being able to have strong feelings (for example, being unable to cry or unable to feel happy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Feeling as if your future plans or hopes will not come true (for example, you will not have a job or getting married or having kids)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Having trouble falling or staying asleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Choose the response that best describes how often that problem has bothered you IN THE LAST 2 WEEKS.</b>	<b>Not at all or only at one time</b>	<b>Once a week or less/ once in a while</b>	<b>2 to 4 times a week/ half the time</b>	<b>5 or more times a week/ almost always</b>
14. Feeling irritable or having fits of anger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Having trouble concentrating (for example, losing track of a story on television, forgetting what you read, not paying attention in class)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Being overly careful (for example, checking to see who is around you and what is around you)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Being jumpy or easily startled (for example, when someone walks up behind you)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section 3**

*Interviewer instructions: Write in 88 for refused or 99 for unknown for this section.*

**Please respond to each item by marking one box per row.**

<b>In the past 7 days...</b>	<b>Never</b>	<b>Almost Never</b>	<b>Some-times</b>	<b>Often</b>	<b>Almost always</b>
1. I felt mad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I felt upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I felt fed up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I was so angry I felt like throwing something	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I was so angry I felt like yelling at somebody	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section 4***Interviewer instructions: Write in 88 for refused or 99 for unknown for this section.***Please respond to each question or statement by marking one box per row.**

<b>Physical Function</b> <b>In the past 7 days...</b>	<b>With no trouble</b>	<b>With a little trouble</b>	<b>With some trouble</b>	<b>With a lot of trouble</b>	<b>Not able to do</b>
I could do sports and exercise that other kids my age could do	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I could get up from the floor	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I could walk up stairs without holding on to anything	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I have been physically able to do the activities I enjoy most	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>Anxiety</b> <b>In the past 7 days...</b>	<b>Never</b>	<b>Almost never</b>	<b>Sometimes</b>	<b>Often</b>	<b>Almost always</b>
I felt like something awful might happen	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I felt nervous	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I felt worried	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I worried when I was at home	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>Depressive symptoms</b> <b>In the past 7 days...</b>	<b>Never</b>	<b>Almost never</b>	<b>Sometimes</b>	<b>Often</b>	<b>Almost always</b>
I felt everything in my life went wrong	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I felt lonely	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I felt sad	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
It was hard for me to have fun	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

<b>Fatigue</b> In the past 7 days...	<b>Never</b>	<b>Almost never</b>	<b>Sometimes</b>	<b>Often</b>	<b>Almost always</b>
Being tired made it hard for me to keep up with my schoolwork	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I got tired easily	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I was too tired to do sports or exercise	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I was too tired to enjoy the things I like to do	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

  

<b>Peer relationships</b> In the past 7 days...	<b>Never</b>	<b>Almost never</b>	<b>Sometimes</b>	<b>Often</b>	<b>Almost always</b>
I felt accepted by other kids my age	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I was able to count on my friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My friends and I helped each other out	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Other kids wanted to be my friend	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

  

<b>Pain Interference</b> In the past 7 days...	<b>Never</b>	<b>Almost never</b>	<b>Sometimes</b>	<b>Often</b>	<b>Almost always</b>
I had trouble sleeping when I had pain	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
It was hard for me to pay attention when I had pain	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
It was hard for me to run when I had pain	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
It was hard for me to walk one block when I had pain	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

<b>Pain Intensity</b> In the past 7 days...											
How bad was your pain on average?...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	0	1	2	3	4	5	6	7	8	9	10
	<b>No pain</b>			<b>Worst pain you can think of</b>							

88/Refused  
 99/Unknown

**Section 5***Interviewer instructions: Write in 88 for refused or 99 for unknown for this section.***Indicate how much you agree or disagree:**

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Neither agree nor disagree</b>	<b>Agree</b>	<b>Strongly agree</b>
1. My life is going well.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2. My life is just right.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3. I have a good life.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
4. I have what I want in life.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**Section 6***Interviewer instructions: Write in 88 for refused or 99 for unknown for this section.***Please respond to each question or statement by marking one box per row.**

<b>In the past 7 days ...</b>		<b>Never</b>	<b>Almost Never</b>	<b>Some-times</b>	<b>Often</b>	<b>Almost Always</b>
I had trouble sleeping when I was itching		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt angry when I was itching		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It was hard for me to pay attention when I was itching		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It was hard for me to have fun when I was itching		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>N/A</b> (I don't do schoolwork)	<b>Never</b>	<b>Almost Never</b>	<b>Some-times</b>	<b>Often</b>	<b>Almost Always</b>
I had trouble doing schoolwork when I was itching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section 7***Interviewer instructions: Write in 88 for refused or 99 for unknown for this section.***Please respond to each question or statement by marking one box per row.**

<b>In the past 7 days...</b>	<b>No days</b>	<b>1 day</b>	<b>2-3 days</b>	<b>4-5 days</b>	<b>6-7 days</b>
How many days did you exercise or play so hard that your body got tired?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
How many days did you exercise really hard for 10 minutes or more?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
How many days did you exercise so much that you breathed hard?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
How many days were you so physically active that you sweated?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**Section 8***Interviewer instructions: Write in 88 for refused or 99 for unknown for this section.***Please respond to each question or statement by marking one box per row.**

<b>In the past 7 days...</b>	<b>Never</b>	<b>Almost Never</b>	<b>Some- times</b>	<b>Almost always</b>	<b>Always</b>
I had difficulty falling asleep	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I slept through the night	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I had a problem with my sleep	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I had trouble sleeping	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**Section 9***Interviewer instructions: Write in 88 for refused or 99 for unknown for this section.***Please respond to each question or statement by marking one box per row.**

<b>In the past 4 weeks...</b>	<b>Never</b>	<b>Rarely</b>	<b>Some- times</b>	<b>Often</b>	<b>Always</b>
I felt I had a strong relationship with my family	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I felt really important to my family	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I got all the help I needed from my family	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My family and I had fun together	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5



**Section 10***Interviewer instructions: Write in 88 for refused for this section.***“NEXT ARE SOME QUESTIONS ABOUT WAYS PEOPLE SOMETIMES CHANGE AFTER DIFFICULT EVENTS.****For each of the next statements indicate the degree to which this change happened in your life as a result of your burn injury.”****“This is the last section of the survey.”**

	<b>No change</b>	<b>A little</b>	<b>Some</b>	<b>A lot</b>	<b>Don't know</b>
I learned how nice and helpful some people can be.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I can now handle big problems better than I used to.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I know what is important to me better than I used to.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I understand how God works better than I used to.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I feel closer to other people (friends or family) than I used to.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I appreciate (enjoy) each day more than I used to.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I now have a chance to do some things I couldn't do before.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
My faith (belief) in God is stronger than it was before.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I have learned that I can deal with more things than I thought I could before.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I have new ideas about how I want things to be when I grow up.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Length of interview: \_\_\_\_\_

“Is there anything else you would like to tell us? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thank you very much for sharing with us!”