Instructions: Please answer the following questions about specific behaviors that may or may not have changed following your child’s hospital experience. Please circle the number that best describes your child’s current behaviors as compared to how these behaviors were before your child’s hospital experience. Use the scale below.

1 = Much less than before 2 = Less than before 3 = Same as before 4 = More than before 5 = Much more than before

1. Does your child make a fuss about eating?

\_ 1. Much less than before

\_ 2. Less than before

\_ 3. Same as before

\_ 4. More than before

\_ 5. Much more than before

2. Does your child spend time just sitting or lying and doing nothing?

\_ 1. Much less than before

\_ 2. Less than before

\_ 3. Same as before

\_ 4. More than before

\_ 5. Much more than before

3. Is your child uninterested in what goes on around him ( or her)?

\_ 1. Much less than before

\_ 2. Less than before

\_ 3. Same as before

\_ 4. More than before

\_ 5. Much more than before

4. Does your child get upset when you leave him (or her) alone for a few minutes?

\_ 1. Much less than before

\_ 2. Less than before

\_ 3. Same as before

\_ 4. More than before

\_ 5. Much more than before

5. Does your child need a lot of help doing things?

\_ 1. Much less than before

\_ 2. Less than before

\_ 3. Same as before

\_ 4. More than before

\_ 5. Much more than before

6. Is it difficult to get your child interested in doing things (like playing games with toys)?

\_ 1. Much less than before

\_ 2. Less than before

\_ 3. Same as before

\_ 4. More than before

\_ 5. Much more than before

7. Does your child have temper tantrums?

\_ 1. Much less than before

\_ 2. Less than before

\_ 3. Same as before

\_ 4. More than before

\_ 5. Much more than before

8. Is it difficult to get your child to talk to you?

\_ 1. Much less than before

\_ 2. Less than before

\_ 3. Same as before

\_ 4. More than before

\_ 5. Much more than before

9. Does your child have bad dreams at night or wake up and cry?

\_ 1. Much less than before

\_ 2. Less than before

\_ 3. Same as before

\_ 4. More than before

\_ 5. Much more than before

10. Does your child have trouble getting to sleep at night?

\_ 1. Much less than before

\_ 2. Less than before

\_ 3. Same as before

\_ 4. More than before

\_ 5. Much more than before

11. Does your child have a poor appetite?

\_ 1. Much less than before

\_ 2. Less than before

\_ 3. Same as before

\_ 4. More than before

\_ 5. Much more than before

Description :

This behavioral instrument is designed to evaluate maladaptive behavioral responses and negative behavioral changes in children following surgery.

Age range - Children 1 month to 16 years

References:

Vernon DT, Schulman JL, Foley JM. Changes in children's behavior after hospitalization. *Am J Dis Child*. 1966;111:581-593.

Jenkins BN, Kain ZN, Kaplan SH, et al. Revisiting a measure of child postoperative recovery:

development of the Post Hospitalization Behavior Questionnaire for Ambulatory Surgery. *Pediatric Anesthesia*. 2015; 25: 738-745.