

Name:

Date:



UNIVERSITÄTSmedizin.

MAINZ

Zentrum für Kinder- und Jugendmedizin

Mainz Resilience Assessment in Childhood Cancer



For children aged 5 – 11 years

Version 1.0

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Name:

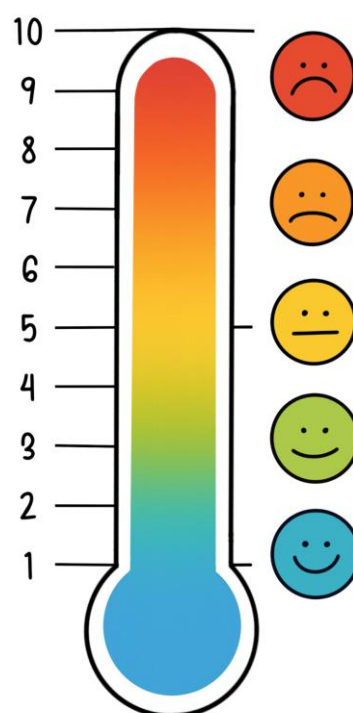
Date:

Hello! I would love to know

how you've felt in the last 2 weeks.

That's why I've brought my **thermometers** with me to help you.

A 10 means that you have felt like this a lot. A 1 means that you have not felt like this at all. You can mark your answer on the thermometer underneath each question. There is no right or wrong answer.



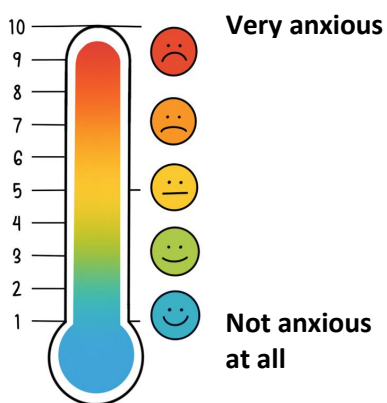
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Name:

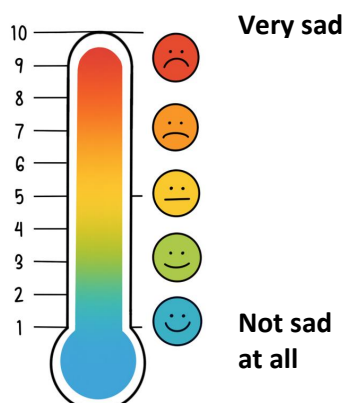
Date:

Here we go!

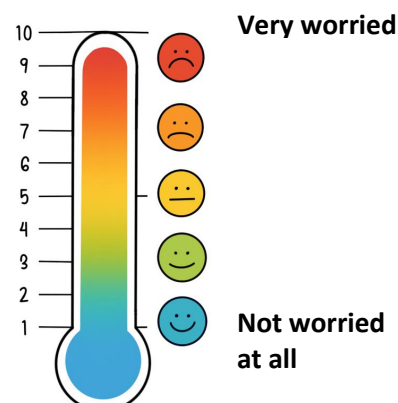
How anxious have you been?



How sad have you been?



How worried have you been?



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Name: _____

Date: _____

Great!

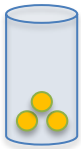
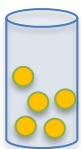
Please distribute the balls now.

This will help you to tell me how often something has happened in the last 2 weeks.

Zero balls mean: this has not happened.

Five balls mean: this has happened very often.



	Never 	Almost never 	Sometimes 	Often 	Almost always 
I feel tired	☐ Never	☐ Almost never	☐ Sometimes	☐ Often	☐ Almost always
I feel weak	☐ Never	☐ Almost never	☐ Sometimes	☐ Often	☐ Almost always
I sleep a lot	☐ Never	☐ Almost never	☐ Sometimes	☐ Often	☐ Almost always
It's hard for me to concentrate	☐ Never	☐ Almost never	☐ Sometimes	☐ Often	☐ Almost always



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Name:

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You have done a great job!

Please distribute the balls now.

This will help you to tell me how often something has happened in the last 2 weeks.

Zero balls mean: this has not happened.

Five balls mean: this has happened very often.

Again, there are thermometers alongside the questions.

Please tick here how bad the situation was for you.

- A 10 means: it was really bad.
- A 1 means: it wasn't bad at all.



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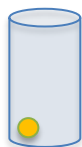
Name: _____

Date: _____

I am in pain.



☐ Never



☐ Almost never



☐ Sometimes

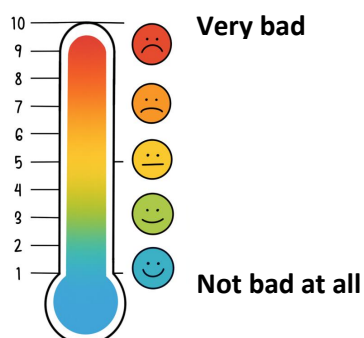


☐ Often



☐ Almost always

For me this is:



There are arguments in my family.



☐ Never



☐ Almost never



☐ Sometimes

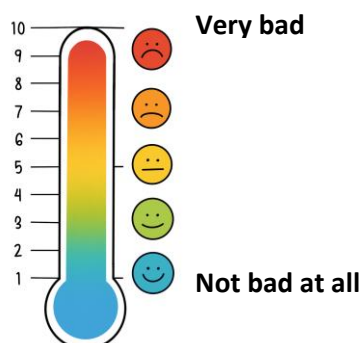


☐ Often



☐ Almost always

For me this is:

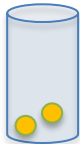
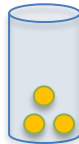
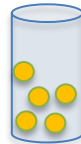


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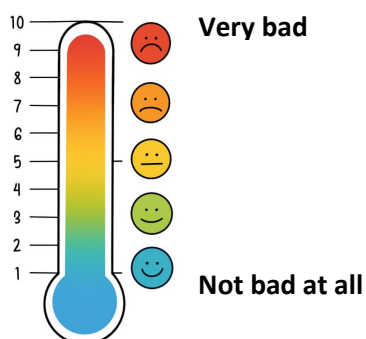
Name: _____

Date: _____

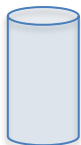
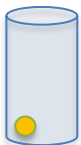
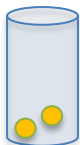
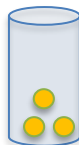
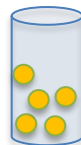
I am worried about school (or nursery/kindergarten).

				
☐ Never	☐ Almost never	☐ Sometimes	☐ Often	☐ Almost always

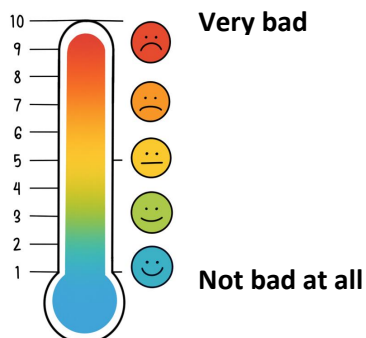
For me this is:



I am worried about my illness.

				
☐ Never	☐ Almost never	☐ Sometimes	☐ Often	☐ Almost always

For me this is:



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the European Union**

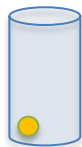
Name: _____

Date: _____

I have trouble with other children.



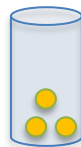
☐ Never



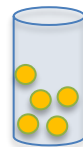
☐ Almost never



☐ Sometimes

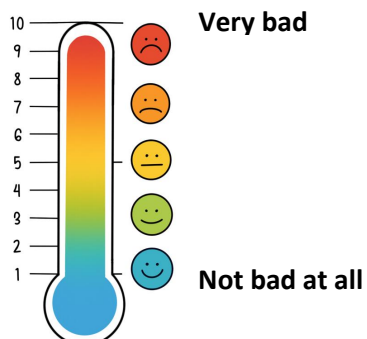


☐ Often



☐ Almost always

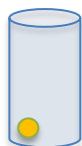
For me this is:



I find it difficult to talk about my illness.



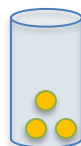
☐ Never



☐ Almost never



☐ Sometimes

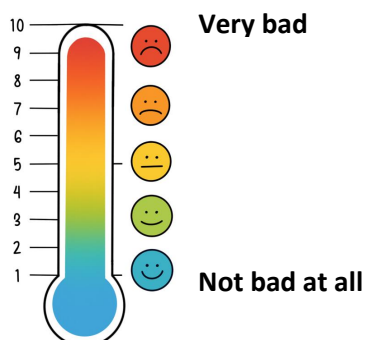


☐ Often



☐ Almost always

For me this is:



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UNIVERSITÄTSmedizin.

MAINZ

Zentrum für Kinder- und Jugendmedizin

Mainz Resilience Assessment in Childhood Cancer



For children aged 12 – 17 years

Version 1.0

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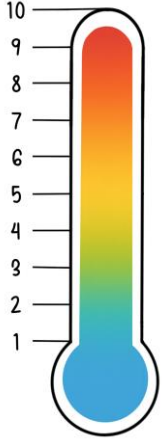
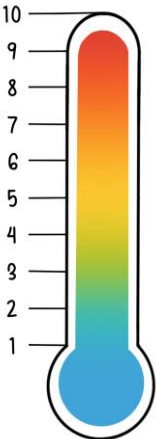
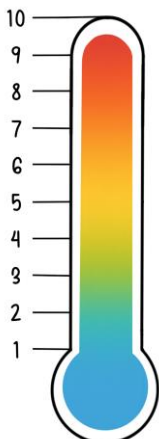
Name: _____

Date: _____

1) "Emotions & Stress" Thermometer

Please mark a number from 1 to 10 with an X on each of the following thermometers.

This number shows how strongly you have felt a feeling or a burden in the past 2 weeks, including today.

How anxious have you been?	How sad or depressed have you been?	How worried have you been?
 Extremely anxious 10 9 8 7 6 5 4 3 2 1 Not anxious at all	 Extremely sad or depressed 10 9 8 7 6 5 4 3 2 1 Not sad or depressed at all	 Extremely worried 10 9 8 7 6 5 4 3 2 1 Not worried at all

Name:

Date:

2) "Fatigue- Questions"

Please mark with an **X** how often the following situations occurred in the past 2 weeks (including today)

	Never	Almost never	Sometimes	Often	Almost always
I feel tired	☐ Never	☐ Almost never	☐ Sometimes	☐ Often	☐ Almost always
I feel weak	☐ Never	☐ Almost never	☐ Sometimes	☐ Often	☐ Almost always
I sleep a lot	☐ Never	☐ Almost never	☐ Sometimes	☐ Often	☐ Almost always
It's hard for me to concentrate	☐ Never	☐ Almost never	☐ Sometimes	☐ Often	☐ Almost always



Name: _____

Date: _____

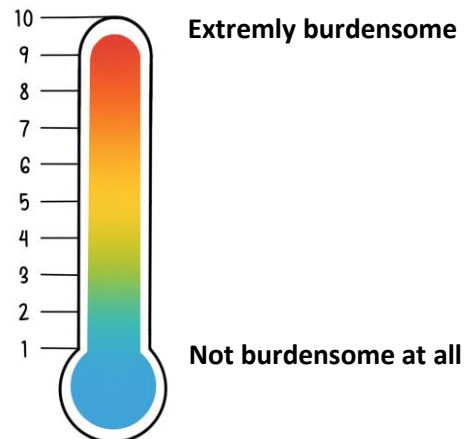
3) "Situations & Experienced Stress" Thermometer

Please mark with an **X** how often the following situations occurred in the past 2 weeks (including today) and to what extent these situations have bothered you.

I am in pain.

- ☐ Never
- ☐ Almost never
- ☐ Sometimes
- ☐ Often
- ☐ Almost always

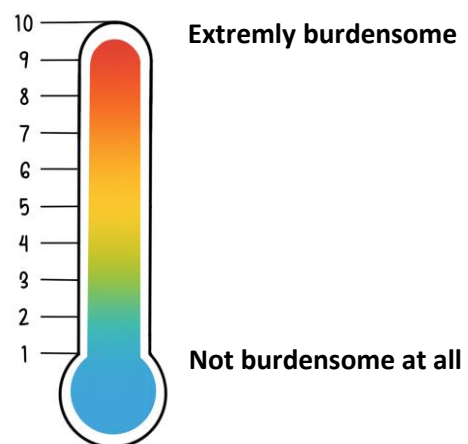
For me, this is...

There are arguments in my family.

- ☐ Never
- ☐ Almost never
- ☐ Sometimes
- ☐ Often
- ☐ Almost always

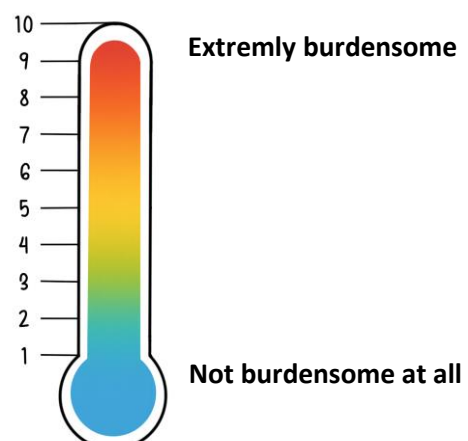
For me, this is...

I am worried about school or my education.

- ☐ Never
- ☐ Almost never
- ☐ Sometimes
- ☐ Often
- ☐ Almost always

For me, this is...

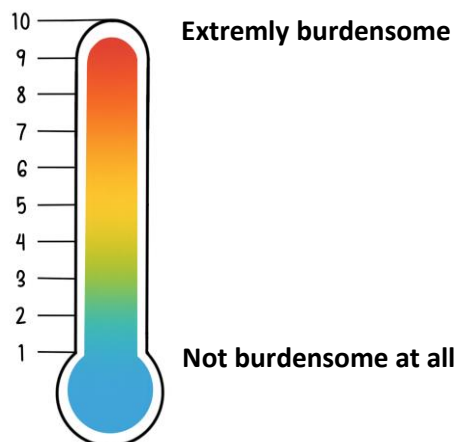
Name:

Date:

I am worried about my illness.

- ☐ Never
- ☐ Almost never
- ☐ Sometimes
- ☐ Often
- ☐ Almost always

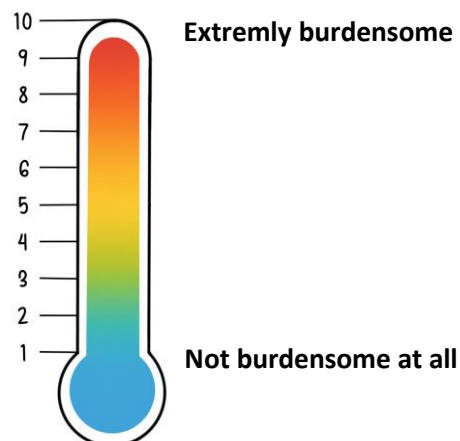
For me, this is...



I have trouble with others.

- ☐ Never
- ☐ Almost never
- ☐ Sometimes
- ☐ Often
- ☐ Almost always

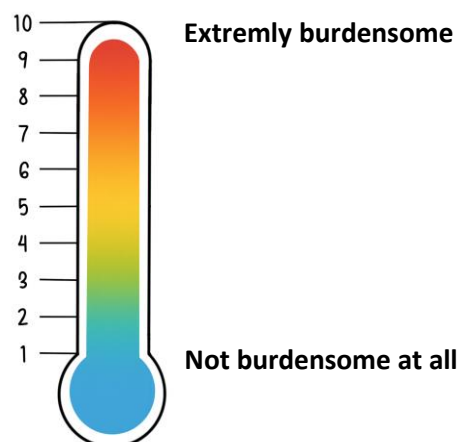
For me, this is...



I find it difficult to talk about my illness.

- ☐ Never
- ☐ Almost never
- ☐ Sometimes
- ☐ Often
- ☐ Almost always

For me, this is...



Name:

Date:



UNIVERSITÄTSmedizin.

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Zentrum für Kinder- und Jugendmedizin

Mainz Resilience Assessment in Childhood Cancer



For children aged 18 + years

Version 1.0

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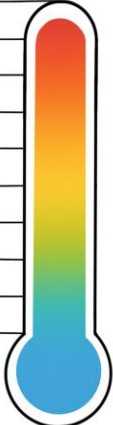
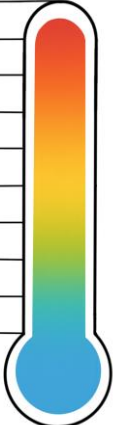
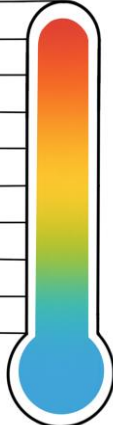
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Name:**Date:**

1) "Emotions & Distress" Thermometer

Please mark a number from 1 to 10 with an X on each of the following thermometers.

This number shows how strongly you have felt a feeling or a burden in the past 2 weeks, including today.

How anxious have you been?	How sad or depressed have you been?	How worried have you been?
10 9 8 7 6 5 4 3 2 1  Extremely anxious Not anxious at all	10 9 8 7 6 5 4 3 2 1  Extremely sad or depressed Not sad or depressed at all	10 9 8 7 6 5 4 3 2 1  Extremely worried Not worried at all

Name:

Date:

2) Fatigue-Questions

Please mark with an **X** how often the following situations occurred in the past 2 weeks (including today)

	Never	Almost never	Sometimes	Often	Almost always
I feel tired	☐ Never	☐ Almost never	☐ Sometimes	☐ Often	☐ Almost always
I feel weak	☐ Never	☐ Almost never	☐ Sometimes	☐ Often	☐ Almost always
I sleep a lot	☐ Never	☐ Almost never	☐ Sometimes	☐ Often	☐ Almost always
It's hard for me to concentrate	☐ Never	☐ Almost never	☐ Sometimes	☐ Often	☐ Almost always



Name: _____

Date: _____

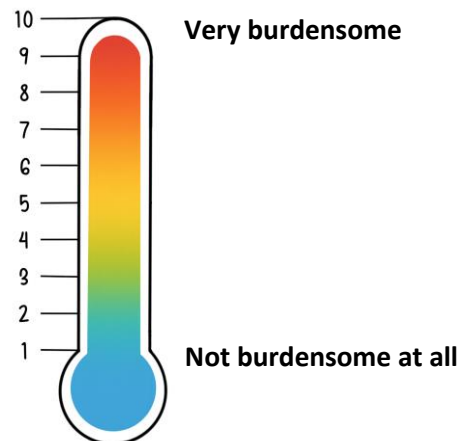
3) "Situations & Experienced Stress" Thermometer

Please mark with an **X** how often the following situations occurred in the past 2 weeks (including today) and to what extent these situations have bothered you.

I am in pain.

- ☐ Never
- ☐ Almost never
- ☐ Sometimes
- ☐ Often
- ☐ Almost always

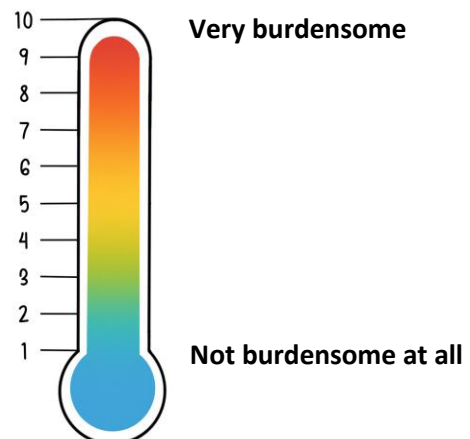
For me, this is...



There are arguments in my family.

- ☐ Never
- ☐ Almost never
- ☐ Sometimes
- ☐ Often
- ☐ Almost always

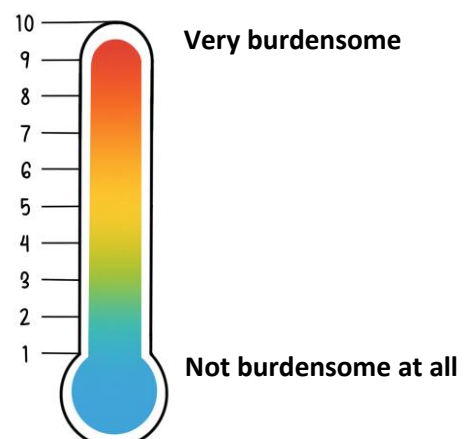
For me, this is...



I am worried about school or professional training or about my work.

- ☐ Never
- ☐ Almost never
- ☐ Sometimes
- ☐ Often
- ☐ Almost always

For me, this is...



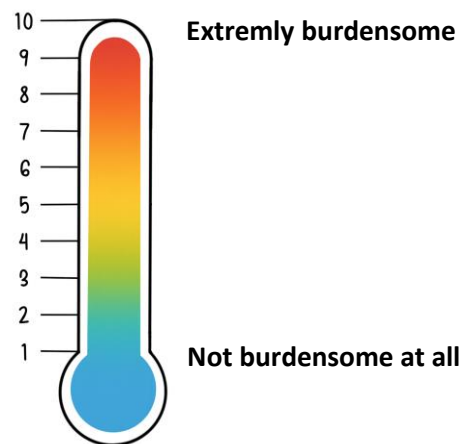
Name: _____

Date: _____

I am worried about my illness.

- ☐ Never
- ☐ Almost never
- ☐ Sometimes
- ☐ Often
- ☐ Almost always

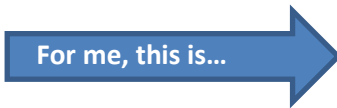
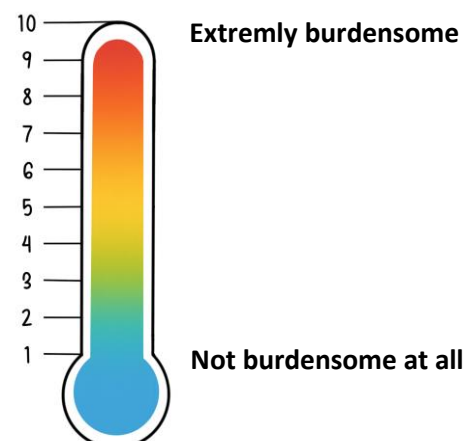
For me, this is...

I have trouble with others.

- ☐ Never
- ☐ Almost never
- ☐ Sometimes
- ☐ Often
- ☐ Almost always

For me, this is...

I find it difficult to talk about my illness.

- ☐ Never
- ☐ Almost never
- ☐ Sometimes
- ☐ Often
- ☐ Almost always

For me, this is...

