Observation Questionnaire for 6-11 Age Group

The physical, intellectual, social/emotional, and spiritual development of children is impacted by peers and adults outside of the home during the school-age years. This questionnaire includes questions that will help you to understand the development of children in the 6-11 age range better. Record the child’s actual responses. To enter data, click on the fillable areas.

Interview date: Click here to enter a date.

Child’s First Name: Click here to enter text.

Interviewer: Click here to enter text.

Child’s Date of Birth: Click here to enter a date.

**Physical Characteristics**

1. Are you a boy or a girl? (Check the appropriate box.) Boy  Girl  Other comments: Click here to enter text.

2. What do you like most about yourself? Click here to enter text.

3. Name something you can do that shows you are strong: Click here to enter text.

4. Name something you can do that shows you are fast. Click here to enter text.

5. What is something you hope you will be good at when you are older? Click here to enter text.

6. What is your favorite sport? Click here to enter text. Why? Click here to enter text.

7. What is your favorite outdoor activity? Click here to enter text. Why? Click here to enter text.

8. How do you feel about each of the following activities?

Running I like it.  I don’t like it.  I don’t know.

Jumping I like it.  I don’t like it.  I don’t know.

Skipping I like it.  I don’t like it.  I don’t know.

Writing I like it.  I don’t like it.  I don’t know.

Coloring I like it.  I don’t like it.  I don’t know.

Using scissors I like it.  I don’t like it.  I don’t know.

9. What time do you usually go to bed at night? Click here to enter text.

10. What time do you usually wake up in the morning? Click here to enter text.

**Intellectual Characteristics**

11. What grade are you in at school? Click here to enter text.

12. What is your favorite class or subject in school? Click here to enter text.

13. What is your least favorite class or subject at school? Click here to enter text.

14. What is your favorite board game? Click here to enter text. Why? Click here to enter text.

15. What is your favorite computer game? Click here to enter text. Why? Click here to enter text.

16. Do you use any of the following when you are not in school? (Check Yes or No for each.)

Television Yes  No  Comment: Click here to enter text.

Computer Yes  No  Comment: Click here to enter text.

Tablet Yes  No  Comment: Click here to enter text.

Smart Phone Yes  No  Comment: Click here to enter text.

17. How old were you when you first used the internet? Click here to enter text.

18. How often do you use the internet? (Select the best answer.)

Everyday  Comment: Click here to enter text.

Once or twice a day  Comment: Click here to enter text.

Three or four times a day  Comment: Click here to enter text.

Five or more times a day  Comment: Click here to enter text.

I don’t use the internet at all  Comment: Click here to enter text.

19. How much time do you usually spend using the internet in a single day? (Select the best answer.)

I don’t use it at all  Comment: Click here to enter text.

Less than 1 hour  Comment: Click here to enter text.

1-2 hours  Comment: Click here to enter text.

3-4 hours  Comment: Click here to enter text.

5 or more hours  Comment: Click here to enter text.

**Social/Emotional Characteristics**

20. Who do you like to spend time with the most? (Select the best answer.)

My mother  Comment: Click here to enter text.

My father  Comment: Click here to enter text.

My family  Comment: Click here to enter text.

My friends  Comment: Click here to enter text.

Myself  Comment: Click here to enter text.

My pet(s)  Comment: Click here to enter text.

21. What do you want to be when you are an adult? Click here to enter text.

22. Who is your favorite superhero? Click here to enter text. Why? **Click here to enter text.**

23. What makes you feel brave? Click here to enter text.

24. What makes you feel happy? Click here to enter text.

25. What makes you feel sad? Click here to enter text.

26. What do you do when you feel afraid? Click here to enter text.

27. How do you feel when you lose a game?

28. How do you feel when you win a game?

29. How do you feel about not being able to go to school because of COVID-19? Click here to enter text.

30. How do you feel about your future? Click here to enter text.

**Spiritual Characteristics**

31. Do you believe that God created the universe? Yes  No  I don’t know

32. Do you believe that the Bible is true? Yes  No  I don’t know

33. What, if anything, can keep you from God? Click here to enter text.

34. What did Jesus do for you? Click here to enter text.

35. What makes it possible for a person to go to Heaven? Click here to enter text.

36. How often do you go to church?

Every week  Comment: Click here to enter text.

About once a month  Comment: Click here to enter text.

Only on holidays  Comment: Click here to enter text.

I don’t go to church at all  Comment: Click here to enter text.

37. Is it ever OK to tell a lie? Yes  No  I don’t know

38. How do you think God feels toward you? Click here to enter text.

39. How do you feel about God? Click here to enter text.

40. Do you ever talk to other people about God? Click here to enter text.