

## CHILD HEALTH CONDITIONS QUESTIONNAIRE

ID \_\_\_\_\_

**Administration notes:**

Each question below is answered “yes” or “no”.

If answered “yes”, then ask “To what extent does this problem affect your child’s daily activities?”

Responses for this question are :

- |            |                           |                      |                         |                             |                      |                           |
|------------|---------------------------|----------------------|-------------------------|-----------------------------|----------------------|---------------------------|
| 1          | 2                         | 3                    | 4                       | 5                           | 6                    | 7                         |
| Not at all | To a very<br>small extent | To a small<br>extent | To a moderate<br>extent | To a fairly<br>great extent | To a great<br>extent | To a very<br>great extent |

The following instructions are to be read by the interviewer to the parent:

*“Children’s development can be affected by the health problems that they experience. I will be asking you some questions about different health problems. I need to know whether or not your child has any of these problems. If your child has a health problem, I will be asking you to what extent the health problem affects your child’s daily activities.”*

| <b>Does your child have problems.....</b>   | <b>Problem?</b> | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> | <b>6</b> | <b>7</b> |
|---|-----------------|----------|----------|----------|----------|----------|----------|----------|
| <b>CH 1</b> SEEING?   |                 |          |          |          |          |          |          |          |
| <b>CH 2</b> HEARING?  |                 |          |          |          |          |          |          |          |
| <b>CH 3</b> LEARNING AND UNDERSTANDING?   |                 |          |          |          |          |          |          |          |
| <b>CH 4</b> SPEAKING, OR COMMUNICATING IN OTHER WAYS<br>(eg. signs, gestures, picture cards, or sounds that are not words)? |                 |          |          |          |          |          |          |          |
| <b>CH 5</b> CONTROLLING EMOTIONS OR BEHAVIOUR?  |                 |          |          |          |          |          |          |          |
| <b>CH 6</b> with SEIZURES OR EPILEPSY?  |                 |          |          |          |          |          |          |          |
| <b>CH 7</b> involving the MOUTH<br>(eg swallowing, chewing, and drooling)?  |                 |          |          |          |          |          |          |          |
| <b>CH 8</b> with TEETH AND GUMS?  |                 |          |          |          |          |          |          |          |
| <b>CH 9</b> with DIGESTION (e.g. reflux, vomiting, or constipation)?  |                 |          |          |          |          |          |          |          |
| <b>CH 10</b> with GROWTH?   |                 |          |          |          |          |          |          |          |
| <b>CH 11</b> SLEEPING?  |                 |          |          |          |          |          |          |          |
| <b>CH 12</b> with REPEATED INFECTIONS?  |                 |          |          |          |          |          |          |          |
| <b>CH 13</b> with BREATHING (e.g. asthma)?  |                 |          |          |          |          |          |          |          |
| <b>CH 14</b> with SKIN (e.g. eczema)?   |                 |          |          |          |          |          |          |          |
| <b>CH 15</b> with the HEART (such as a birth defect)?   |                 |          |          |          |          |          |          |          |
| <b>CH 16</b> with PAIN?   |                 |          |          |          |          |          |          |          |

**CH 17** Does your child have ANY OTHER HEALTH problems?? If yes, specify problem.

The Health Conditions Questionnaire is *In press*: Wong C, Bartlett DJ, Chiarello LA, Chang HJ, Stoskopf B. Comparison of the prevalence and impact of health problems of preschool children with or without cerebral palsy. *Child Care Health and Development*. September 2011. Research on this measure was supported by the Canadian Institutes of Health Research (MOP 81107) and the US Department of Education, National Institutes of Disability and Rehabilitation Research (H133G060254).