

## 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 (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 (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.