

CHILD HEALTH CONDITIONS QUESTIONNAIRE

Description: The Child's Health Conditions Questionnaire is a self-report measure to be completed by parents to describe the number and impact of health conditions on daily life.

Instructions for Parents: *Children's development can be affected by the health problems that they experience. For each of the 16 health conditions in the chart below, first indicate 'yes' or 'no' depending on whether or not your child has the specified problem. If your child has a health problem, please indicate to what extent the health condition affects your child's daily activities.*

Responses for this question are:

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

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

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

Acknowledgements:

The development of 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).

The authors extend their gratitude to the pediatric rehabilitation sites, therapists, and families who participated in this research.

Reference:

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*. 2011; 38(1):128-138.