## Disability Functional Status

### Disability Status (Tier 2)

#### Child Self-Report (Ages 15+)

1. Are you deaf, or do you have serious difficulty hearing?  
   - Yes  
   - No

2. Are you blind, or do you have serious difficulty seeing, even when wearing glasses?  
   - Yes  
   - No

3. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (5 years old or older)  
   - Yes  
   - No

4. Do you have serious difficulty walking or climbing stairs? (5 years old or older)  
   - Yes  
   - No

5. Do you have difficulty dressing or bathing? (5 years old or older)  
   - Yes  
   - No

6. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (15 years old or older)  
   - Yes  
   - No

#### Parent Report About Child (As used in National Survey of Children's Health)

Ages 0-5 Does this child have any of the following?

- Deafness or problems with hearing?  
  - Yes  
  - No

- Blindness or problems with seeing even when wearing glasses?  
  - Yes  
  - No

Ages 6-11 Does this child have any of the following?

- Serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition?  
  - Yes  
  - No

- Serious difficulty walking or climbing stairs?  
  - Yes  
  - No

- Difficulty dressing or bathing?  
  - Yes  
  - No

- Deafness or problems with hearing?  
  - Yes  
  - No

- Blindness or problems with seeing even when wearing glasses?  
  - Yes  
  - No

Ages 12+ Does this child have any of the following?
### Special Health Care Needs (Tier 2)

#### Parent Report About Child


- Special Health Care Needs 5 Item Screener

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your child currently need or use medicine prescribed by a doctor (other than vitamins)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is this because of ANY medical, behavioral or other health condition?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is this a condition that has lasted or is expected to last for at least 12 months?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child need or use more medical care, mental health or educational services than is usual for most children of the same age?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is this because of ANY medical, behavioral or other health condition?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is this a condition that has lasted or is expected to last for at least 12 months?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is your child limited or prevented in any way in his or her ability to do the things most children of the same age can do?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is this because of ANY medical, behavioral or other health condition?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3b. Is this a condition that has lasted or is expected to last for at least 12 months?  ○ Yes  ○ No

4. Does your child need or get special therapy, such as physical, occupational or speech therapy?  ○ Yes  ○ No

4a. Is this because of ANY medical, behavioral or other health condition?  ○ Yes  ○ No

4b. Is this a condition that has lasted or is expected to last for at least 12 months?  ○ Yes  ○ No

5. Does your child have any kind of emotional, developmental or behavioral problem for which he or she needs or gets treatment or counseling?  ○ Yes  ○ No

5a. Has this problem lasted or is it expected to last for at least 12 months?  ○ Yes  ○ No

Guidance: If respondents answer that children have any of these special needs or limitations and that the problem has lasted or is expected to last 12 months or more, children are classified as special needs and are asked more questions than children without special needs. The survey includes information on how often during the past 12 months medical, behavioral, or other health conditions affected the ability of the children identified as having special needs to do things other children of the same age do; how much these conditions affect the children’s ability; and how often children’s health care needs change.

Normative Physical Functional Status

Child Self Report (Ages 8-17)

When people are sick or not feeling well, it is sometimes difficult for them to do their regular activities.

In the past two weeks, would you have had any physical trouble or difficulty doing these activities?

<table>
<thead>
<tr>
<th>Activity</th>
<th>No trouble</th>
<th>A little trouble</th>
<th>Some trouble</th>
<th>A lot of trouble</th>
<th>Impossible</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Walking to the bathroom</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>2. Walking up stairs</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>3. Doing something with a friend. (For example, playing a game.)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>4. Doing chores at home</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>5. Eating regular meals</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>6. Being up all day without a nap or rest</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>7. Riding the school bus or traveling in the car</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
### Remember, you are being asked about difficulty due to physical health

<table>
<thead>
<tr>
<th>Activity</th>
<th>No trouble</th>
<th>A little trouble</th>
<th>Some trouble</th>
<th>A lot of trouble</th>
<th>Impossible</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Being at school all day</td>
<td>○</td>
<td>○</td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
</tr>
<tr>
<td>9. Doing the activities in gym class (or playing sports)</td>
<td>○</td>
<td>○</td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
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<tr>
<td>10. Reading or doing homework</td>
<td>○</td>
<td>○</td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
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<tr>
<td>11. Watching TV</td>
<td>○</td>
<td>○</td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
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<tr>
<td>12. Walking the length of a football field</td>
<td>○</td>
<td>○</td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
</tr>
<tr>
<td>13. Running the length of a football field</td>
<td>○</td>
<td>○</td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
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<tr>
<td>14. Going shopping</td>
<td>○</td>
<td>○</td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
</tr>
<tr>
<td>15. Getting to sleep at night and staying asleep</td>
<td>○</td>
<td>○</td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
</tr>
</tbody>
</table>

### Developmental Milestones (Tier 2)
- Parent Report About Child (Ages 0-5) by age bands:
- SWYC: https://www.tuftschildrenshospital.org/The-Survey-of-Wellbeing-of-Young-Children/Age-Specific-Forms

### Developmental Delay Screening/Surveillance (Tier 1)

#### Parent Report about Child (Ages 9 months-5 years)

**DURING THE PAST 12 MONTHS, did this child see a doctor, nurse, or other health care professional for sick-child care, well-child check-ups, physical exams, hospitalizations, or any other kind of medical care?**

- ○ Yes
- ○ No

**DURING THE PAST 12 MONTHS, did you, another family member or a friend have concerns about this child's learning, development, or behavior?**

- ○ Yes
- ○ No

**DURING THE PAST 12 MONTHS, did this child's doctors or other health care providers ask if you have concerns about this child's learning, development, or behavior?**

- ○ Yes
- ○ No

**DURING THE PAST 12 MONTHS, did you, another family member or a friend have concerns about this child's learning, development, or behavior that wasn't asked about by your provider?**

- ○ Yes
- ○ No

**DURING THE PAST 12 MONTHS, did a doctor or other health care provider have you or another caregiver fill out a questionnaire about observations or concerns you may have about this child's development, communication, or social behaviors? Sometimes a child's doctor or other health care provider will ask a parent to do this at home or during a child’s visit.**

- ○ Yes
- ○ No
If yes, did the questionnaire ask about your concerns or observations about:

Mark ALL that apply.

☐ How this child talks or makes speech sounds?
☐ How this child interacts with you and others?

If yes, and this child is 2-5 years of age:

Did the questionnaire ask about your concerns or observations about:

Mark ALL that apply.

☐ Words and phrases this child uses and understands?
☐ How this child behaves and gets along with you and others?