

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?

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

Difficulty doing errands alone, such as visiting a doctor's office or shopping, because of a physical, mental, or emotional condition? Yes No

Deafness or problems with hearing? Yes No

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

Additional Guidance: For studies wanting to collect more than this short 6-item set, it is recommended to use the Washington Group / UNICEF Child Functioning Module, which serves as an international standard for assessing disability in children 2-4, and 5-17: <https://www.washingtongroupdisability.com/question-sets/wgunicef-child-functioning-module-cfm/>

Special Health Care Needs (Tier 2)

Parent Report About Child

CSHCN: <https://www.cahmi.org/projects/children-with-special-health-care-needs-screener/>
 • Special Health Care Needs 5 Item Screener
<https://depts.washington.edu/dbpeds/Screening%20Tools/CSHCN-CAMHIScreener.pdf>

1. Does your child currently need or use medicine prescribed by a doctor (other than vitamins)? Yes No

1a. Is this because of ANY medical, behavioral or other health condition? Yes No

1b. Is this a condition that has lasted or is expected to last for at least 12 months? Yes No

2. Does your child need or use more medical care, mental health or educational services than is usual for most children of the same age? Yes No

2a. Is this because of ANY medical, behavioral or other health condition? Yes No

2b. Is this a condition that has lasted or is expected to last for at least 12 months? Yes No

3. 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? Yes No

3a. Is this because of ANY medical, behavioral or other health condition? Yes No

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?

	No trouble	A little trouble	Some trouble	A lot of trouble	Impossible
1. Walking to the bathroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Walking up stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Doing something with a friend. (For example, playing a game.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Doing chores at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Eating regular meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Being up all day without a nap or rest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Riding the school bus or traveling in the car	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Remember, you are being asked about difficulty due to physical health

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

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?