



HCHS/SOL- Family Lifestyle Outcomes Research

Child Health Questionnaire (CHQE)

QXQ

5/2/2019

General Instructions

This questionnaire regards the child's health. Participant should think about the child's life and provide the most accurate answer.

QxQ Instructions

Select one answer for each item and select all that apply. If other, specify.

Questions 1a – 1p: Answer choices are:

0 = No

1 = Yes

1. Since your child was born, has your child had any of the following illnesses or problems?

Has your child ever had?

- a. Ear infection
- b. Eye infection
- c. Persistent cough/ wheeze
- d. Asthma
- e. Pneumonia
- f. Seizures or convulsions
- g. Vomiting
- h. Reflux
- i. Diarrhea
- j. Injury from bad fall or accident
- k. Diabetes
- l. Food allergies
 - l1. Specify type _____
- m. Other allergies
 - m1. Specify type: _____
- n. Delay in learning/ behavior
 - n1. Specify type: _____
- o. Physical impairment/ delay



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- o1. Specify type:_____
- p. Other problems
- p1. Specify type:_____

Question 2.a – 2.i.1: Select all that apply. Do not include urgent care or pediatric clinic visits.
Answer choices are:

0 = No
1 = Yes

2. Have you taken your child to the Emergency Department at any time?

If yes, for what reason

- a. Injury/Accident
- b. Diagnosis of bronchiolitis, respiratory syncytial virus (RSV), pneumonia
- c. Fever as only symptom
- d. General illness (e.g. diarrhea, vomiting, cold, flu)
- e. Ongoing or Chronic Medical Condition (asthma, diabetes, etc.)
- f. Inconsolable / Crying
- g. Allergic Reaction / Adverse Reaction to Medication / Sunstroke or Heatstroke
- h. Respiratory Distress/lapses in breathing
- i. Other

i1. Specify:_____

Questions 3 – 4d: Answer choices are:

0 = No
1 = Yes

3. Does your child have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicaid?



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4. At any time DURING THE **PAST 12 MONTHS**, even for one month, did anyone in your family receive:
- a. Cash assistance from a government welfare program?
 - b. Food Stamps or Supplemental Nutrition Assistance Program (SNAP) benefits?
 - c. Free or reduced-cost breakfasts or lunches at school?
 - d. Benefits from the Woman, Infants, and Children (WIC) Program?

Question 5: Answer choices are:

- 1=Excellent
- 2=Very good
- 3=Good
- 4=Fair
- 5=Poor

5. How would you rate your child's general health?

Question 6. Include in the hospitalizations any extended infant hospital stay at time of birth, such as hospitalization for prematurity or for treatment of jaundice, where the mother was discharged home but the infant remained in the hospital. Do not include overnight Emergency Room visits, only formal admissions to an acute care hospital unit.

6. Was your child hospitalized at any time since birth?

- 0=No [End Form]
- 1=Yes

Question 7. If Yes on Q6, record the number of hospitalizations the child has had since birth. The programmed answer range for this question is 0-15 hospitalizations. If the child has been hospitalized more than 15 times, click OVERRIDE on the CDART message that will pop up on your screen when a number higher than 15 is entered.

7. How many times has your child been hospitalized?

_____ times

[Note: Use Child Hospitalizations Form (HSPE/S) to enter reported hospitalizations, using one occurrence per hospitalization]