Conditions and Problems Questionnaire [CHSS Data Center]

CONDITION or **PROBLEM** **DATE COMPLETED:** ☐☐/☐☐/☐☐☐☐
(MM/DD/YYYY)

(**PLEASE DO NOT WRITE YOUR NAME OR YOUR CHILD'S NAME ON THE QUESTIONNAIRES**)

Please **check** (☑) below to indicate which Conditions or Problems your child has ever had (i.e., a healthcare professional (such as a doctor or nurse) or a school professional (such as a teacher or counselor) has informed you of this):	Provide further details if you wish (e.g., indicate if this is a current or past Condition or Problem)
☐ Chronic sinus trouble or allergies	
☐ Asthma	
☐ Chronic respiratory, lung or breathing problems (not Asthma)	
☐ Chronic rheumatic disease	
☐ Chronic bone, joint or orthopedic problems	
☐ Chronic kidney or urinary problems	
☐ Chronic skin problems	
☐ Chronic stomach or bowel problems	
☐ Diabetes	
☐ Thyroid problems	
☐ Vision problems	
☐ Deafness or hearing impairment	
☐ Speech problems	
☐ Epilepsy or seizure disorder	
☐ Cerebral palsy	
☐ Migraine headaches	
☐ Sleep disturbance	
☐ Anxiety problems	
☐ Mental retardation or developmental delay	
☐ Attention problems	
☐ Behavioral problems	
☐ Learning problems	
☐ Autism or Asperger Syndrome	
☐ Eating disorder (e.g., anorexia, bulimia)	
☐ Depression	
☐ Bipolar disorder	
☐ Schizophrenia or psychotic disorder	

Other **PROBLEMS** or **CONDITIONS** that your child has – Please specify below:

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