

Identify

SHARED RESPONSIBILITIES

Tools for Improving Quality of Care for
Children with Special Health Care Needs

Questionnaire for Identifying Children with Chronic Conditions – Revised (QuICCC-R)

Individual Short Version, 1999

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Adapted from Questionnaire for Identifying Children with Chronic Conditions
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BACKGROUND

Questionnaire for Identifying Children with Chronic Conditions - Revised (QulCCC-R)

The Questionnaire for Identifying Children with Chronic Conditions - Revised (QulCCC-R) is a shortened form of the QulCCC, an interviewer-administered instrument for identifying children with a chronic or disabling condition. It consists of a 16-item subset of the original 39 question sequences in the QulCCC. The QulCCC-R, available in English and Spanish, is administered either by telephone or in-person interview to the parents or guardians of children under age 18. The QulCCC was originally developed for epidemiological purposes. More recently, it has been validated as a screening tool for individual child identification. In testing, the QulCCC-R has demonstrated greater than 98 percent agreement with the longer QulCCC instrument. The Individual Version of the QulCCC-R takes less than two minutes to administer per child. Using consequences-based criteria, including functional limitations, dependence on compensatory mechanisms and above routine service use for age, the QulCCC-R identifies children with chronic health conditions or disability. The following must all be present to qualify:

- The child currently experiences a specific consequence;
- The consequence is due to a medical, behavioral, or other health condition;
- The duration or expected duration of the condition is 12 months or longer.

The first part of each question asks about a specific consequence. If the respondent reports that a child experiences the consequence, the interviewer moves to the second part of the question, which asks whether it is the result of a medical, behavioral, or other health condition. If the response is “yes,” the interviewer then proceeds to the final part of the question, which asks if the duration or expected duration of the condition is one year or more. To classify as having a chronic health condition or disability, a child must have a “yes” response to all parts of at least one question sequence.

You are strongly advised to obtain the instructions and validation information in the manual before using the QuICCC-R. For additional information, contact: Ruth E.K Stein, MD, Department of Pediatrics, Albert Einstein College of Medicine/Children's Hospital at Montefiore, Rosenthal 4, 111 East 210 Street, Bronx, NY, 10467, rstein@aecom.yu.edu.

A: GENERAL INSTRUCTIONS

1. The following questions pertain to an individual target child under the age of 18 who lives in the household of the respondent. Establish the first name of the child, birthdate, age, and school status and record on the face sheet.
2. The respondent should be the parent, caregiver, or other adult person in the household who is the most knowledgeable about the health of the child.
3. Questions are generally structured in 3 parts in columns across the page. Each question part is asked depending on the response to the preceding part. Skip patterns are clearly marked next to response categories with an arrow or "Go To" directions for the interviewer. If there are no instructions, the interviewer should proceed to the next part of the question.
4. For each question, insert the first name of the child where indicated by "**name**" in the question.
5. Ask each numbered question, except where there are age and school-status restrictions. These are clearly marked for the interviewer in the text.
6. The child is identified as likely to have a chronic or disabling condition if any of the starred (*) items are checked.

FACE SHEET FOR:

THE QuICCC-R QUESTIONNAIRE FOR IDENTIFYING CHILDREN WITH CHRONIC CONDITIONS - Revised

RECORD THE FOLLOWING INFORMATION BEFORE THE INTERVIEW:

- FIRST NAME OF CHILD _____

- CHILD'S BIRTHDATE _____

- AGE OF CHILD AT TIME OF INTERVIEW
(record in months if less than 2 years old) years _____ months _____

- SCHOOL AND DAY CARE STATUS (check as appropriate below)
 Currently enrolled in school Currently enrolled in day care

- RELATIONSHIP OF RESPONDENT TO CHILD _____

The QuICCC- R – Individual Version
Questionnaire for Identifying Children with Chronic Conditions – Revised Short Version

<p>1. Does (name) take medicine or drugs prescribed by a doctor other than regular vitamins?</p> <p><input type="checkbox"/> No (Go to 2) <input type="checkbox"/> Yes ➔ <input type="checkbox"/> Don't Know (Go to 2)</p>	<p>1a. Is this because of a medical, behavioral, or other health condition that (name) still has?</p> <p><input type="checkbox"/> No (Go to 2) <input type="checkbox"/> Yes ➔ <input type="checkbox"/> Don't Know (Go to 2)</p>	<p>1b. Has this condition been going on or is it expected to go on for at least one year?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Don't Know</p>
<p>2. Does (name) have life-threatening allergic reactions?</p> <p><input type="checkbox"/> No (Go to 3) <input type="checkbox"/> Yes ➔ <input type="checkbox"/> Don't Know (Go to 3)</p>	<p>2a. Is this because of a medical, behavioral, or other health condition that (name) still has?</p> <p><input type="checkbox"/> No (Go to 3) <input type="checkbox"/> Yes ➔ <input type="checkbox"/> Don't Know (Go to 3)</p>	<p>2b. Has this condition been going on or is it expected to go on for at least one year?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Don't Know</p>
<p>3. Has a doctor told you that (name) needs to follow a special diet or avoid certain foods?</p> <p><input type="checkbox"/> No (Go to 4) <input type="checkbox"/> Yes ➔ <input type="checkbox"/> Don't Know (Go to 4)</p>	<p>3a. Is this because of a medical, behavioral, or other health condition that (name) still has?</p> <p><input type="checkbox"/> No (Go to 4) <input type="checkbox"/> Yes ➔ <input type="checkbox"/> Don't Know (Go to 4)</p>	<p>3b. Has this condition been going on or is it expected to go on for at least one year?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Don't Know</p>
<p>4. Does (name) go to a medical doctor or specialist on a regular basis?</p> <p><input type="checkbox"/> No (Go to 5) <input type="checkbox"/> Yes ➔ <input type="checkbox"/> Don't Know (Go to 5)</p>	<p>4a. Is this because of a medical, behavioral, or other health condition that (name) still has?</p> <p><input type="checkbox"/> No (Go to 5) <input type="checkbox"/> Yes ➔ <input type="checkbox"/> Don't Know (Go to 5)</p>	<p>4b. Has this condition been going on or is it expected to go on for at least one year?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Don't Know</p>

<p>5. Does (name) go to a counselor, psychiatrist, psychologist, or social worker on a regular basis?</p> <p><input type="checkbox"/> No (Go to 6) <input type="checkbox"/> Yes ➔ <input type="checkbox"/> Don't Know (Go to 6)</p>	<p>5a. Is this because of a medical, behavioral, or other health condition that (name) still has?</p> <p><input type="checkbox"/> No (Go to 6) <input type="checkbox"/> Yes ➔ <input type="checkbox"/> Don't Know (Go to 6)</p>	<p>5b. Has this condition been going on or is it expected to go on for at least one year?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Don't Know</p>
<p>6. Does (name) now receive Services such as physical Therapy, occupational therapy, speech or language therapy, or orientation and mobility training On a regular basis?</p> <p><input type="checkbox"/> No (Go to 7) <input type="checkbox"/> Yes ➔ <input type="checkbox"/> Don't Know (Go to 7)</p>	<p>6a. Is this because of a medical, behavioral, or other health condition that (name) still has?</p> <p><input type="checkbox"/> No (Go to 7) <input type="checkbox"/> Yes ➔ <input type="checkbox"/> Don't Know (Go to 7)</p>	<p>6b. Has this condition been going on or is it expected to go on for at least one year?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Don't Know</p>
<p>7. Has (name) ever been hospitalized?</p> <p><input type="checkbox"/> No (Go to 8) <input type="checkbox"/> Yes ➔ <input type="checkbox"/> Don't Know (Go to 8)</p>	<p>7a. Is this because of a medical, behavioral, or other health condition that (name) still has or gets from time to time?</p> <p><input type="checkbox"/> No (Go to 8) <input type="checkbox"/> Yes ➔ <input type="checkbox"/> Don't Know (Go to 8)</p>	<p>7b. Has this condition been going on or is it expected to go on for at least one year?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Don't Know</p>
<p>8. Has (name) needed medical, health-related, or mental health services that he/she has been unable to get?</p> <p><input type="checkbox"/> No (Go to 9) <input type="checkbox"/> Yes ➔ <input type="checkbox"/> Don't Know (Go to 9)</p>	<p>8a. Is this because of a medical, behavioral, or other health condition that (name) still has or gets from time to time?</p> <p><input type="checkbox"/> No (Go to 9) <input type="checkbox"/> Yes ➔ <input type="checkbox"/> Don't Know (Go to 9)</p>	<p>8b. Has this condition been going on or is it expected to go on for at least one year?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Don't Know</p>

<p>9. Have you been told by a medical doctor or specialist that (name) has a serious delay in his/her physical growth or development?</p>		<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Don't Know
<p>10. Have you been told by a medical doctor or specialist that (name) has a serious delay in his/her mental or emotional growth or development?</p>		<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Don't Know
<p>11. Compared to other children or youth his/her age, does (name) have to reduce the amount of time or effort that he/she can exert in any activity?</p>	<p>11a. Is this because of a medical, behavioral, or other health condition that (name) still has?</p>	<p>11b. Has this condition been going on or is it expected to go on for at least one year?</p>
<input type="checkbox"/> No (Go to 12) <input type="checkbox"/> Yes ➔ <input type="checkbox"/> Don't Know (Go to 12)	<input type="checkbox"/> No (Go to 12) <input type="checkbox"/> Yes ➔ <input type="checkbox"/> Don't Know (Go to 12)	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Don't Know
<p>12. Is (name) blind, nearly blind, or does he/she have difficulty seeing?</p>	<p>12a. Do regular eye glasses or contact lenses completely correct the problem?</p>	<p>12b. Has this condition been going on or is it expected to go on for at least one year?</p>
<input type="checkbox"/> No (Go to 13) <input type="checkbox"/> Yes ➔ <input type="checkbox"/> Don't Know (Go to 13)	<input type="checkbox"/> Yes (Go to 13) <input type="checkbox"/> No ➔ <input type="checkbox"/> Don't Know (Go to 13)	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Don't Know
<p>13. Is (name) deaf, nearly deaf, or does he/she have difficulty hearing?</p>		<p>13a. Has this condition been going on or is it expected to go on for at least one year?</p>
<input type="checkbox"/> No (Go to 14) <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know (Go to 14)		<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Don't Know

**INSTRUCTIONS TO INTERVIEWER: IF CHILD IS IN SCHOOL OR DAY CARE, ASK QUESTIONS 14
IF NOT, SKIP TO THE INSTRUCTIONS PRECEDING QUESTION 15**

14. I will read a list of special arrangements in school or day care. Please answer yes or no to each of the following types of special arrangements that (name) receives:

- | | | |
|---|-------------------------------------|------------------------------|
| --modification of class schedule,
curriculum, or gym classes? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| | <input type="checkbox"/> Don't Know | |
| --making the classroom accessible for
his/her use? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| | <input type="checkbox"/> Don't Know | |
| --getting and using special equipment? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| | <input type="checkbox"/> Don't Know | |
| --providing special lunches or snack? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| | <input type="checkbox"/> Don't Know | |
| --providing special transportation? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| | <input type="checkbox"/> Don't Know | |
| --tutoring by a teacher or other
professional, or resource room? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| | <input type="checkbox"/> Don't Know | |

INSTRUCTION TO INTERVIEWER

**IF ANY YES, GO TO 14a,
OTHERWISE TO 15.**

14a. Is this because of a medical, behavioral, or other health condition that (name) still has

- No (Go to 15) Yes ➔
 Don't Know (Go to 15)

14b. Has this condition been going on or is it expected to go on for at least one year?

- No Yes*
 Don't Know

INSTRUCTIONS TO INTERVIEWER:

**IF >2 YEARS OLD, GO TO 15.
IF ≤ 2 YEARS OLD, END INTERVIEW.**

15. Except for occasional words, does (name) have trouble understanding simple instructions?



No Yes*
 Don't Know

INSTRUCTIONS TO INTERVIEWER:

**IF >3 YEARS OLD, GO TO 16.
IF ≤ 3 YEARS OLD, END INTERVIEW.**

16. Except for occasional words, when (name) talks, do others outside the family have trouble understanding him/her?



No Yes*
 Don't Know

**THANK YOU FOR YOUR HELP IN
COMPLETING THIS INTERVIEW**

References

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