

Children with Special Health Care Needs (CSHCN) Screener®

Patient Name: _____ Date of Birth _____

1. Does your child currently need or use **medicine prescribed by a doctor** (other than vitamins)?
 - Yes, Go to Question 1a
 - No, Go to Question 2
 - 1a. Is this because of ANY medical, behavioral or other health condition?
 - Yes, Go to Question 1b
 - No, Go to Question 2
 - 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, Go to Question 2a
 - No, Go to Question 3
 - 2a. Is this because of ANY medical, behavioral or other health condition?
 - Yes, Go to Question 2b
 - No, Go to Question 3
 - 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, Go to Question 3a
 - No, Go to Question 4
 - 3a. Is this because of ANY medical, behavioral or other health condition?
 - Yes, Go to Question 3b
 - No, Go to Question 4
 - 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, Go to Question 4a
 - No, Go to Question 5
 - 4a. Is this because of ANY medical, behavioral or other health condition?
 - Yes, Go to Question 4b
 - No, Go to Question 5
 - 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, Go to Question 5a
 - No
 - 5a. Is this because of ANY medical, behavioral or other health condition?
 - Yes
 - No

6. Please describe your child's medical, behavioral, emotional, developmental, health condition or problem.

ICD-9: _____

Staff Initial _____