

**Northwest Regional
Medical Home Support Center**

CYSHCN Screener

Name: _____

Date: _____ PCP: _____

The next five questions ask about your child's health needs and whether your child has a health condition. A health condition can be physical, mental or behavioral. Health conditions may effect a child's development, daily functioning or need for services. Thank you for completing this questionnaire. This information will help us provide the best possible care for children and adolescents.

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 *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 *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 *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. Has this problem lasted or is it expected to last for *at least* 12 months?
 - Yes No

6. Please share with us your child's race/ethnicity. Please circle your answer.

Non-Hispanic Origin					Hispanic Origin		
White	Black	Asian/PI	Am Indian	Other/Unknown	White	Black	Other/Unknown