

## CHILDHOOD FUNCTIONAL QUESTIONNAIRE

Child's name: \_\_\_\_\_ SS #: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

### A. MEDICAL IMPAIRMENTS

For how long have you treated the child and how often do you see him/her?

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Diagnoses, with estimated date of onset:

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Please identify the clinical findings and objective signs supporting the diagnoses:

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Have the child's impairments lasted or can they be expected to last at least twelve months?

Yes  No

### B. FUNCTIONAL CAPACITY ASSESSMENT

#### DEFINITIONS

For purposes of completing this questionnaire the terms "marked" and "extreme" are defined as follows:

**Marked** means a degree of limitation that **interferes seriously** with the child's ability to independently initiate, sustain, or complete functional activities in an age-appropriate manner.

**Extreme** means a degree of limitation that **interferes very seriously** with the child's ability to independently initiate, sustain, or complete functional activities in an age-appropriate manner. Extreme describes the worst limitations but does not necessarily mean a total lack or loss of ability to function.

#### INSTRUCTIONS

Please rate this child's functioning by **comparing him/her with an unimpaired child of the same age.** Please note that we are interested in the effect the child's impairments have on his/her overall functioning compared to other children in his/her age group, not other children in his/her class. For example, if the child is in a special education class, the child should be evaluated and compared to an unimpaired child who is in the same age group. If a child is receiving therapy due to emotional problems, the child should be compared to a child who is not impaired by emotional problems.

1. **ACQUIRING AND USING INFORMATION (learning).** This category (domain) is concerned with any problems the child is having in reading, writing, speaking, thinking, or doing math at a normal (age-appropriate) rate.

a. In your opinion, does this child have any limitation(s) in the area of acquiring and using information?

- Yes    No    Not able to assess

b. If, in your opinion, this child has a limitation in the area of acquiring and using information, please indicate the basis for your opinion by indicating in which of the following areas the child has difficulty and giving a short explanation for your answer(s).

- Learning new material
- Recalling previously learned material
- Demonstrating short-term memory
- Reading or comprehending written material
- Comprehending generally
- Following instructions
- Expressing ideas
- Demonstrating problem solving skills
- Other: \_\_\_\_\_

c. **If, in your opinion, the child has a limitation in acquiring and using information, is that limitation:**

- Extreme**
- Marked**
- Less than marked**

Please explain your answer, and provide examples relating to the limitations noted at question 1b.

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2. **ATTENDING AND COMPLETING TASKS (sustaining activities and following through).**  
**This category (domain) is concerned with questions such as is the child easily distracted, is s/he able to focus on work, is s/he able to keep up with work and complete work in a timely manner, does s/he have trouble paying attention, is s/he disruptive, is s/he impulsive, is s/he cooperative, is s/he impatient, does s/he lack self-control, etc.**

a. In your opinion, does this child have any limitation(s) in the area of attending and completing tasks?

Yes  No  Not able to assess

b. If, in your opinion, this child has a limitation in the area of attending and completing tasks, please indicate the basis for your opinion by indicating in which of the following areas the child has difficulty.

- Focusing (not being easily distracted)
- Following through on instructions
- Concentrating without adult supervision
- Working independently
- Carrying out simple instructions
- Staying on tasks without being reminded
- Completing tasks on time
- Maintaining appropriate pace in performing activities
- Requiring redirection to complete tasks
- Being fidgety, overactive, or restless
- Becoming easily frustrated
- Giving up without trying
- Keeping pace with other children
- Being slower to respond than peers
- Daydreaming excessively
- Being alone without supervision for short or long periods
- Changing independently from one activity to another
- Losing possessions
- Working without bothering others
- Other: \_\_\_\_\_

c. **If, in your opinion, the child has a limitation in attending and completing tasks, is that limitation:**

- Extreme**
- Marked**
- Less than marked**

Please explain your answer, and provide examples relating to the limitations noted at question 2b.

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3. **INTERACTING AND RELATING WITH OTHERS (social skills)**. This category (domain) is concerned with questions such as how well the child relates to other children, how well the child relates to adults, does the child have reciprocal friendships with peers, is the child anxious, withdrawn, or aggressive, does the child behave in socially appropriate ways, etc.

a. In your opinion, does this child have any limitation(s) in the area of interacting and relating with others?

Yes  No  Not able to assess

b. If, in your opinion, this child has a limitation in the area of interacting and relating with others, please indicate the basis for your opinion by indicating in which of the following areas the child has difficulty.

- Getting along with family members
- Getting along with other children
- Getting along with authority figures
- Making and keeping friends
- Enjoying peer relationships
- Initiating interactions
- Following rules
- Fighting or provoking peers
- Being disruptive
- Being argumentative
- Defying authority
- Being disobedient
- Temper tantrums
- Emotional outbursts
- Lying or blaming others for mistakes
- Demanding attention
- Problems with discipline
- Other: \_\_\_\_\_

c. **If, in your opinion, the child has a limitation in interacting and relating with others, is that limitation:**

- Extreme**
- Marked**
- Less than marked**

Please explain your answer, and provide examples relating to the limitations noted at question 3b.

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4. **MOVING ABOUT AND MANIPULATING OBJECTS.** This category (domain) is concerned with any problems the child is having in the areas of fine and gross motor coordination (e.g. using a pencil or a scissor, tying shoelaces, buttoning buttons, throwing a ball, walking, running, using stairs, etc.).

a. In your opinion, does this child have any limitation(s) in the area of moving about and manipulating objects?

Yes  No  Not able to assess

b. If, in your opinion, this child has a limitation in the area of moving about and manipulating objects, please indicate the basis for your opinion by indicating in which of the following areas the child has difficulty and giving a short explanation for your answer(s).

- Writing (using a pen or pencil)
- Cutting (using a scissor)
- Coloring (using crayons)
- Buttoning buttons
- Tying shoelaces
- Walking
- Running
- Using stairs
- Climbing
- Balance
- Throwing a ball
- Catching a ball
- Playing and/or participating in physical education and/or sports with his/her peers
- Other: \_\_\_\_\_

c. **If, in your opinion, the child has a limitation in moving about and manipulating objects, is that limitation:**

- Extreme**
- Marked**
- Less than marked**

Please explain your answer, and provide examples relating to the limitations noted at question 4b.

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5. **CARING FOR SELF.** This category (domain) is concerned with any problems the child is having in the areas of self-regulation and impulse control (e.g. following safety rules, injuring himself/herself, following proper hygiene, taking prescribed medication, etc.).

a. In your opinion, does this child have any limitation(s) in the area of caring for self?

Yes  No  Not able to assess

b. If, in your opinion, this child has a limitation in the area of caring for self, please indicate the basis for your opinion by indicating in which of the following areas the child has difficulty and giving a short explanation for your answer(s).

- Exhibits injurious or harmful behavior towards self
- Following safety rules
- Avoiding dangerous situations
- Displaying proper hygiene
- Displaying proper personal care
- Proper use of bathroom
- Organizing his/her own activities
- Organizing self
- Organizing his/her belongings
- Following prescribed medical treatment
- Following proper nutrition
- Eating non-food items
- Maintaining his/her own space
- Maintaining his/her own property
- Maintaining self-control
- Recognizing the personal space of others
- Expressing his/her wants and needs
- Following through on reaching his/her goals
- Other: \_\_\_\_\_

**If, in your opinion, the child has a limitation in caring for self, is that limitation:**

- Extreme**
- Marked**
- Less than marked**

Please explain your answer, and provide examples relating to the limitations noted at question 5b.

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6. **HEALTH AND PHYSICAL WELL-BEING.** This category (domain) is concerned with the symptoms and complaints resulting from the child's physical or mental problem(s) and condition(s) as well as the limitations resulting from treatment, etc.

**General Questions**

Does this child have:

- a. Generalized symptoms such as weakness, dizziness, agitation, excitability, lethargy, fatigue, loss of energy, loss of stamina, or psychomotor retardation related to a physical or mental impairment or impairments?

Yes  No

If the answer is yes please explain.

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- b. Somatic complaints such as seizures, convulsive activity, headaches, incontinence, recurrent infections, allergies, changes in weight, changes in eating habits, stomach discomfort, nausea, or insomnia related to a physical or mental impairment or impairments?

Yes  No

If the answer is yes please explain.

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- c. Limitations in physical functioning because of chemotherapy, surgery, chelation therapy, pulmonary cleansing, etc. for a physical or mental impairment or impairments?

Yes  No

If the answer is yes please explain.

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- d. A need for intensive medical care to maintain his/her level of health and physical well-being because s/he is medically fragile?

Yes  No

If the answer is yes please explain.

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**Medication**

- a. To your knowledge, is this child taking medication on a regular basis?  Yes  No

If your answer is yes, for what condition(s) or illness(es) is s/he taking the medication?

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Please list the medications:

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- b. Does the medication cause any problems with the child's functioning in any area (acquiring and using information, attending and completing tasks, interacting and relating with others, moving about and manipulating objects, caring for self, or health and physical well-being)?

Yes  No

If your answer is yes, please identify the area(s) of functioning involved and describe how the medication(s) is affecting that functioning.

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**Episodic conditions (attacks)**

- a. Does the child experience any episodic condition(s) (attacks) (e.g. asthma attacks, seizures, convulsions, etc.)?

Yes  No

If your answer is yes, how often does the episodic condition(s) (attacks) occur? \_\_\_\_\_

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- b. What treatment is given for the episodic condition(s) (attacks)? \_\_\_\_\_

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- c. Does the episodic condition(s) (attacks) occur despite the treatment?  Yes  No

- d. Does the episodic condition(s) (attacks) cause any problems with the child's functioning in any area (acquiring and using information, attending and completing tasks, interacting and relating with others, moving about and manipulating objects, caring for self, or health and physical well-being)?

Yes  No

If your answer is yes, please identify the area(s) of functioning involved and describe how the episodic condition(s) (attacks) is affecting that functioning. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Based on any of the above, in your opinion, does this child have a limitation in the area of health and physical well-being?**

Yes  No

**If your answer to the preceding question is yes, in your opinion is that limitation:**

- Extreme**  
 **Marked**  
 **Less than marked**

**COMMUNICATING**

Does this child have difficulty with:

- 1. Appropriately expressing thoughts?  Yes  No
- 2. Being understood by others?  Yes  No
- 3. Speaking at an appropriate rate?  Yes  No
- 4. Controlling volume of speech?  Yes  No
- 5. Using appropriate vocabulary?  Yes  No
- 6. Appropriately carrying on conversations?  Yes  No
- 7. Pressured speech?  Yes  No

If your answer to any of the previous questions is yes, please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 8. Does the child exhibit echolalia?  Yes  No
- 9. How much of the child's speech can you understand on first attempt when the topic of conversation is known? \_\_\_\_\_

\_\_\_\_\_

- 10. How much of the child's speech can you understand after repetition and/or rephrasing?

\_\_\_\_\_

- 11. How much of the child's speech would unfamiliar listeners understand?

\_\_\_\_\_

- 12. Do the child's communication issues cause any problems with his/her functioning in any of the above areas (acquiring and using information, attending and completing tasks, interacting and relating with others, moving about and manipulating objects, caring for self, or health and physical well-being)?

Yes  No

If your answer is yes, please identify the area(s) of functioning involved and describe how the communication problem(s) is affecting that functioning.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**BEHAVIOR AND EMOTIONS**

- 1. Is the child overactive?  Yes  No
- 2. Is the child difficult to calm down?  Yes  No
- 3. Is the child under-active?  Yes  No
- 4. Does the child exhibit ritualistic behavior?  Yes  No
- 5. Does the child engage in self-stimulating behavior?  Yes  No
- 6. Does the child have tantrums?  Yes  No
- 7. Is the child impulsive?  Yes  No
- 8. Is the child often angry or hostile?  Yes  No
- 9. Is the child often anxious, nervous, or worried?  Yes  No
- 10. Does the child have unprovoked fear or anxiety?  Yes  No
- 11. Does the child tire easily?  Yes  No
- 12. Does the child need a nap during the day?  Yes  No
- 13. Is the child withdrawn or sad?  Yes  No
- 14. Does the child cry easily?  Yes  No
- 15. Does the child cry for no apparent reason?  Yes  No
- 16. Is the child easily irritated or annoyed?  Yes  No
- 17. Does the child have unprovoked anger or hostility?  Yes  No
- 18. Does the child appear to be depressed?  Yes  No
- 19. Other: \_\_\_\_\_  Yes  No

If your answer to any of the previous questions is yes, please explain.

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**THANK YOU FOR COMPLETING THIS QUESTIONNAIRE**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_