

Comparison of Case Finding Questions by Conceptual Domain (QuICCC, MCHB, RCCIC, CAHPS/PEDS)
The Foundation for Accountability (FACCT, 2000)

| Conceptual domain | Existing questions in use assessing concept | Proposed questions (new or untested) | Hybrid/synthesis of existing and/or proposed questions | Issues/comments |
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| <p>I. EXISTING CONDITION or DISORDER</p> <p><i>Approach:</i></p> <p>a. QuICCC: “Has disorder on a biologic, psychologic or cognitive basis.”</p> <p>b. MCHB: “Child has or is at increased risk for a chronic physical, developmental, behavioral, or emotional condition.”</p> <p>c. RCCIC*: (None specified; how defined depends on application & purpose)</p> | <p>CAHPS/peds:** Does your child have any <i>medical conditions</i> that have lasted for at least 3 months?</p> <p>Does your child have any kind of <i>learning or behavior difficulty</i> now for which he or she has received professional treatment or counseling?</p> <p>CAHPS/cshcn:*** Does your child have any <i>medical conditions</i> that have lasted for at least 12 months?</p> <p>Does your child have a <i>physical, emotional, or mental condition</i> that seriously interferes with your child’s ability to do the things most children that age can do?</p> <p>Does your child have any kind of <i>emotional, developmental, or behavior difficulty</i> now for which he or she has received treatment or counseling?</p> <p>FL/CMSN:**** Because of a <i>medical or developmental condition</i>, does your child require more supervision than other children do of his/her age?</p> | <p>Newacheck: (2 and 3 item versions) Does your child have a <i>physical or mental condition</i> that interferes with his or her ability to things that most children that age can do?</p> <p>McManus/Fox: (alternative A) Does your child have a <i>physical condition, developmental delay or disability, or mental health problem</i> that is likely to last 12 months or longer that requires health services or medications over and above the usual for the child’s age?</p> <p>(alternative B) Because of a <i>physical condition, developmental delay or disability, or mental health problem</i> that is expected to last more than 12 months, does your child require extra primary or specialized medical care, prescriptions, therapies, or supplies?</p> | <p>(to be asked AFTER the a sequence of questions re: current consequences)</p> <p>Does your child have a physical, emotional or mental health condition, any kind of learning or behavioral difficulty, or developmental delay?</p> | <p>Characterization of “condition”? (medical only or other dimensions?)</p> <p>terminology to be used: “special health care needs” vs. chronic conditions</p> <p>Ordering of concepts within survey (e.g. QuICCC asks about consequences 1st).</p> |
| <p>II. DURATION</p> <p><i>Approach:</i></p> <p>a. QuICCC: “Lasting or expected to last for at least 12 months.”</p> <p>b. MCHB: (No time frame specified).</p> <p>c. RCCIC*: “A condition is considered chronic if it has lasted or is expected to last more than 3 months</p> | <p>CAHPS/peds: Does your child have any medical conditions that have lasted for at least <i>3 months</i>?</p> <p>CAHPS/cshcn: Does your child have any medical conditions that have lasted for at least <i>12 months</i>?</p> | <p>Newacheck: (no time frame specified)</p> <p>McManus/Fox: (alternative A) Does your child have a physical condition, developmental delay or disability, or mental health problem that is likely <i>to last 12 months or longer</i> that requires health services or medications over and above the usual for the child’s age?</p> | <p>(to be answered only by those who respond with YES to the “existing conditions questions”)</p> <p>Have any of these conditions, difficulties or delays lasted or are expected to last for at least 3 months?</p> | <p>Duration of 3 mos. vs. 12 mos.?</p> |

* The Research Consortium on Chronic Illness in Childhood;
**** CAHPS/cshcn = CAPS/Children with Special Health Care Needs

**CAHPS/peds = General Pediatric CAHPS
****FL/CMSN = State of Florida CMSN Medical Eligibility Screening

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| II. DURATION (cont.) | <p>CAHPS/peds: Does your child have any medical conditions that have lasted for at least <i>3 months</i>?</p> <p>CAHPS/cshcn: Does your child have any medical conditions that have lasted for at least <i>12 months</i>?</p> <p>FL/CMSN: (no time frame specified)</p> | <p>McManus/Fox: (cont.) (alternative B) Because of a physical condition, developmental delay or disability, or mental health problem that is <i>expected to last more than 12 months</i>, does your child require extra primary or specialized medical care, prescriptions, therapies, or supplies?</p> | <p>(see above)</p> | |
| <p>III. CONSEQUENCES or IMPACT on CHILD</p> <p><i>Approach:</i></p> <p>a. QuICCC: “One or more of the following consequences:”</p> <ol style="list-style-type: none"> 1. Functional limitations 2. Reliance on compensatory mechanisms or assistance 3. Service use or need beyond that which is considered routine <p>b. MCHB: “Requires health or related services of a type or amount beyond that required by children generally.”</p> <p>c. RCCIC*: “In conjunction with its duration, the impact of a condition on a child is taken into account.” (e.g. a level of functional impairment or the use of medical attention greater than expected for child of the same age.)</p> | <p>1. FUNCTIONAL LIMITATIONS</p> <p>CAHPS/peds: (none)</p> <p>CAHPS/cshcn: Does your child have a <i>physical, emotional, or mental condition</i> that seriously interferes with your child’s ability to do the things most children that age can do?</p> <p>FL/CMSN: Does your child <i>miss school or day care</i> because of this health problem? If yes, how many days does your child usually miss in a month? Describe your child’s condition on days he/she has to miss school or day care.</p> <p>2. RELIANCE ON COMPENSATORY MECHANISMS OR ASSISTANCE</p> <p>CAHPS/peds: Has your child been taking <i>prescription medicine</i> for at least 3 months for any of these conditions?</p> <p>CAHPS/cshcn: Has your child been taking <i>prescription medicine</i> regularly for any of these conditions?</p> | <p>1. FUNCTIONAL LIMITATIONS</p> <p>Newacheck: (2 and 3 item versions) Does your child have a <i>physical or mental condition</i> that interferes with his or her ability to things that most children that age can do?</p> <p>McManus/Fox: (not specified)</p> <p>2. RELIANCE ON COMPENSATORY MECHANISMS OR ASSISTANCE</p> <p>Newacheck: (2 item version) Does your child have a <i>physical or mental condition</i> that requires regular medical treatment, medications, or other specialized care?</p> | <p>1. FUNCTIONAL LIMITATIONS</p> <p>Is your child restricted or prevented in any way in his or her ability to do the things most children of that age can do?</p> <p>2. RELIANCE ON COMPENSATORY MECHANISMS OR ASSISTANCE</p> <p>(see below)</p> | <p>Characterization of the condition producing the limitation(s)</p> <p>Characterization of the limitations</p> <p>Medication only?</p> <p>Summary description versus checklist of compensatory mechanisms</p> |

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| <p>III. CONSEQUENCES or IMPACT on CHILD (cont.)</p> | <p>2. RELIANCE ON COMPENSATORY MECHANISMS OR ASSISTANCE (cont.)</p> <p>FL/CMSN: Because of a medical or developmental condition, does your child <i>require more supervision</i> than other children do of his/her age?</p> <p>Does your child require <i>extra or specialized medical care, therapies, supplies, or medical equipment</i> because of a special health care need?</p> <p>Does your child need more assistance than other children his/her age with eating, dressing, bathing, moving around, going to the bathroom, learning, using or understanding language, or playing?</p> <p>Name of prescription medicine with dose and the time of day your child takes: Do the medications your child takes for health problems control the problem?</p> <p>Has your child ever had surgery to correct these health problems? Type and dates_____</p> <p>3. SERVICE USE OR NEED BEYOND THAT WHICH IS CONSIDERED ROUTINE</p> <p>CAHPS/peds: In the last 12 months, has your child <i>seen a doctor or other health professional more than twice</i> for any of these conditions?</p> | <p>2. RELIANCE ON COMPENSATORY MECHANISMS OR ASSISTANCE (cont.)</p> <p>Newacheck (cont): (3 item version) Has your child needed or received any of the following services during the past year for treatment of a physical or mental condition that he or she still has?</p> <ul style="list-style-type: none"> • overnight hospital care • regular use of prescription medicines • mental health care from a counselor, psychiatrist or social worker • physical, speech or occupational therapy • special equipment or assistive devices • case management • special education services • early intervention services <p>McManus/Fox: (alternative A) Does your child have a physical condition, developmental delay or disability, or mental health problem that is likely to last 12 months or longer that requires health services or medications over and above the usual for the child's age?</p> <p>(alternative B) Because of a physical condition, developmental delay or disability, or mental health problem that is expected to last more than 12 months, does your child require extra primary or specialized medical care, prescriptions, therapies, or supplies?</p> <p>3. SERVICE USE OR NEED BEYOND THAT WHICH IS CONSIDERED ROUTINE</p> <p>Newacheck: (2 item version) Does your child have a physical or mental condition that requires regular medical treatment or other specialized care?</p> | <p>2. RELIANCE ON COMPENSATORY MECHANISMS OR ASSISTANCE (cont.)</p> <p>Does your child currently need or use any of the following:</p> <ul style="list-style-type: none"> • prescription medicines (other than vitamins) for an on-going health need • a special diet given by a doctor or other medical professional • mental health treatment or counseling • substance abuse treatment or counseling • physical, speech or occupational therapy • special equipment (for example: to help with mobility, communication, hearing, breathing, personal care, etc.) • special arrangements at school or day-care (for example: adaptations to make the classroom accessible; modifications to the daily classroom schedule or gym classes; special education, instruction or tutoring, etc.) • Individualized Family Service Plan (IFSP), Individualized Educational Plan (IEP) or Individualized Written Rehabilitation Plan (IWRP) • nursing or home health care <p>3. SERVICE USE OR NEED BEYOND THAT WHICH IS CONSIDERED ROUTINE</p> <p>(see below)</p> | <p>Should "has child ever been hospitalized" be added?</p> <p>Medical care/tx only versus more comprehensive description of services?</p> |

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| <p>III. CONSEQUENCES or IMPACT on CHILD (cont.)</p> | <p>3. SERVICE USE OR NEED BEYOND THAT WHICH IS CONSIDERED ROUTINE (cont.)</p> <p>CAHPS/cshcn: In the last 12 months, has your child <i>seen a doctor or other health professional more than twice</i> for any of these conditions?</p> <p>FL/CMSN: How many times has your child been to the</p> <ol style="list-style-type: none"> a. doctor's office b. emergency room c. admitted to the hospital <p>in the last 12 months because of this health problem?</p> | <p>3. SERVICE USE OR NEED BEYOND THAT WHICH IS CONSIDERED ROUTINE (cont.)</p> <p>Newacheck (cont.) (3 item version) Does your child regularly see a doctor or nurse for treatment of a physical or mental condition?</p> <p>McManus/Fox: (alternative A) Does your child have a physical condition, developmental delay or disability, or mental health problem that is likely to last 12 months or longer <i>that requires health services or medications over and above the usual for the child's age?</i></p> <p>(alternative B) Because of a physical condition, developmental delay or disability, or mental health problem that is expected to last more than 12 months, does your child <i>require extra primary or specialized medical care, prescriptions, therapies, or supplies?</i></p> | <p>3. SERVICE USE OR NEED BEYOND THAT WHICH IS CONSIDERED ROUTINE (cont.)</p> <p>Does your child use or need medical care, mental health or educational services over and above what is considered usual or routine for most children that age?</p> | |