



Member Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Service Location: \_\_\_\_\_

Service Type: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Date Entered: \_\_\_\_\_

Clinician Name: \_\_\_\_\_

**Consumer Health Inventory - Child (CHI-C)<sup>TM</sup>**

1. In general, would you say your child's health is:

Excellent      Very good      Good      Fair      Poor

                      

2. During the past 4 weeks, has your child been limited in any of the following activities due to HEALTH problems?

	Yes, limited a lot	Yes, limited some	Yes, limited a little	No, not limited
a. Doing things that take some energy such as riding a bike or skating?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Bending, lifting, or stooping?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. During the past 4 weeks, has your child been limited in the KIND of schoolwork or activities with friends he/she could do because of PHYSICAL health problems?

Yes, limited a lot      Yes, limited some      Yes, limited a little      No, not limited

                

4. During the past 4 weeks, has your child been limited in the KIND of schoolwork or activities with friends he/she could do because of EMOTIONAL or BEHAVIORAL problems?

Yes, limited a lot      Yes, limited some      Yes, limited a little      No, not limited

                

5. During the past 4 weeks, how much bodily pain or discomfort has your child had?

None      Very mild      Mild      Moderate      Severe      Very severe

                            

6. During the past 4 weeks, how satisfied do you think your child has felt about his/her friendships?

Very satisfied      Somewhat satisfied      Neither satisfied nor dissatisfied      Somewhat dissatisfied      Very dissatisfied

                      

7. During the past 4 weeks, how satisfied do you think your child has felt about his/her life overall?

Very satisfied      Somewhat satisfied      Neither satisfied nor dissatisfied      Somewhat dissatisfied      Very dissatisfied

                      

8. During the past 4 weeks, how much of the time do you think your child acted bothered or upset?

All of the time      Most of the time      Some of the time      A little of the time      None of the time

9. Compared to other children your child's age, in general would you say his/her behavior is:

Excellent

Very good

Good

Fair

Poor

10. During the past 4 weeks, how many days of school did your child miss?

11. If your child missed one or more days of school during the past 4 weeks, how many of those days were missed because of his/her HEALTH?

12. How much do you agree or disagree with the following statements:

	Strongly disagree	Disagree	Agree	Strongly agree
a. My child is hopeful about their future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. My child is able to cope with problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. My child has a strong social support system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. During the past 4 weeks, how much of the time do you think your child

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. Felt jittery or restless?	<input type="radio"/>				
b. Had trouble sleeping?	<input type="radio"/>				
c. Felt irritable or annoyed	<input type="radio"/>				

14. We would like to ask you some facts about your child.

Is your child a boy or girl?

How old is your child?

**Thank you for taking the CHI-C™**

Please click here if you do not want to share the results of this assessment with your provider.

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If you need help, please call 1-800-572-9394. Say that you are trying to take the Magellan Consumer Health Inventory - Child™ and we will help you.