

## Q - Pediatric - Generic Medical Conditions

Record ID

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### Questionnaire - Metadata

Session ID

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Questionnaire Started At

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Questionnaire Completed At

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Questionnaire Duration (seconds)

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### Pediatric Medical Conditions Questionnaire

Does your child have a history of a voice disorder?  
(Select all that apply)

- ☐ Vocal nodules or polyps
- ☐ Unilateral vocal cord paralysis
- ☐ Bilateral vocal cord paralysis
- ☐ Acid reflux disease (GERD)
- ☐ Scarring of the larynx or vocal cords from disease or previous surgery
- ☐ Airway stenosis (bilateral vocal fold paralysis laryngeal stenosis)
- ☐ Vocal cord webs

Does your child have a history of a psychological disorders or mood problems? (Select all that apply)

- ☐ Anxiety disorder
- ☐ ADHD
- ☐ Autism Spectrum Disorder (ASD)
- ☐ Depression or Major Depressive Disorder
- ☐ Eating Disorder (ED)
- ☐ Insomnia/sleep Disorder
- ☐ Obsessive-Compulsive Disorder (OCD)
- ☐ Panic Disorder
- ☐ Social Anxiety Disorder
- ☐ Other psychiatric disorders

Please Specify

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Does your child have a history of a breathing or airway conditions? (Select all that apply)

- ☐ Asthma
- ☐ Recurrent Croup (>3 episodes per year)
- ☐ Bronchiolitis
- ☐ RSV
- ☐ Chronic Cough
- ☐ Subglottic Stenosis
- ☐ Vocal Cord Webs
- ☐ Airway Surgery
- ☐ Has your child ever been intubated?
- ☐ Does your child have a tracheostomy?

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Does your child have a history of a snoring or obstructive sleep apnea? (Select all that apply)

- ☐ Snoring  
☐ Gasping for air at night  
☐ Obstructive Sleep apnea (diagnosed on a sleep study)  
☐ Has your child had a sleep study?
- 

What was the oAHI on the sleep study (to be completed by research assistant)

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Have they had a tonsillectomy?

- ☐ Yes  
☐ No
- 

What was the date of the surgery?

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Have they had an adenoidectomy?

- ☐ Yes  
☐ No
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What was the date of the surgery?

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Have they had a lingual tonsillectomy?

- ☐ Yes  
☐ No
- 

What was the date of the surgery?

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Does your child have a history of hearing loss or associated conditions? (Select all that apply)

- ☐ Cholesteatoma  
☐ Hearing loss  
☐ Mild Hearing loss  
☐ Deafness  
☐ Ear tubes  
☐ Cochlear implantation (Bilateral)  
☐ Vocal cord webs  
☐ Cochlear implantation (Unilateral)  
☐ Tympanic Membrane Perforation  
☐ CMV (cytomegalovirus)
- 

Does your child have a history of a neck mass? (Select all that apply)

- ☐ Thyroglossal duct cyst  
☐ Branchial Cleft Cyst  
☐ Dermoid cyst  
☐ Thyroid nodule or cancer  
☐ Enlarged lymph node  
☐ Other
- 

Have they had a surgery for this?

- ☐ Yes  
☐ No
- 

What was the date of the surgery?

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Have they had a surgery for this?

- ☐ Yes  
☐ No
- 

What was the date of the surgery?

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Have they had a surgery for this?

☐ Yes  
☐ No

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What was the date of the surgery?

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Have they had a surgery for this?

☐ Yes  
☐ No

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What was the date of the surgery?

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Have they had a surgery for this?

☐ Yes  
☐ No

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What was the date of the surgery?

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Please specify

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Does your child have a history of epistaxis?

☐ Yes  
☐ No

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Does your child have a history of nasal fractures?

☐ Yes  
☐ No

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Has your child ever been diagnosed with a chronic medical condition?

☐ Yes  
☐ No

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Please specify

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Has your child been diagnosed with any genetic syndromes?

☐ Yes  
☐ No

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Please specify

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Has your child ever been hospitalized for a medical condition?

☐ Yes  
☐ No

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Please specify

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Does your child have any history of neurological disorders (e.g., cerebral palsy, muscular dystrophy)?

☐ Yes  
☐ No

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Please specify

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Does your child have any known allergies (food, environmental, or medication)?

☐ Yes  
☐ No

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Please specify

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Has your child ever had difficulty swallowing liquids or solids?

☐ Yes  
☐ No

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Please specify

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Has your child had any ear infections requiring antibiotics in the past year?

☐ Yes  
☐ No

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Please specify

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Has your child ever undergone ear tube placement (tympanostomy tubes)?

☐ Yes  
☐ No

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Please specify which procedure

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What was the date of the surgery?

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Has your child ever been evaluated by an ENT (ear, nose, and throat) specialist or speech-language pathologist for voice or swallowing concerns?

☐ Yes  
☐ No

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Please specify

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Has your child ever required a feeding tube (NG tube, G-tube)?

☐ Yes  
☐ No

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Please specify

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Has your child ever been diagnosed with reflux (GERD) or required medication for acid reflux?

☐ Yes  
☐ No

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Please specify

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Has your child ever been diagnosed with hearing loss or required hearing aids?

☐ Yes  
☐ No

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Please specify

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Has your child ever had a hoarse or weak voice for more than two weeks?

☐ Yes  
☐ No

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Please specify

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Has your child ever had any neurological or orthopedic surgeries that could affect breathing or speech?

☐ Yes  
☐ No

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Please specify which procedure

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What was the date of the surgery?

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Has your child ever had a history of noisy breathing (stridor) or difficulty breathing?

☐ Yes  
☐ No

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Please specify

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Has your child ever required oxygen support, intubation, a ventilator, or a tracheostomy?

☐ Yes  
☐ No

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Please specify

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Is your child currently taking any medications that could affect voice, breathing, or swallowing?

☐ Yes  
☐ No

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Please specify

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Has your child ever been diagnosed with a voice disorder or speech delay?

☐ Yes  
☐ No

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Please specify

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Has your child ever had speech therapy for articulation or voice-related issues?

☐ Yes  
☐ No

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Please specify

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Has your child ever had surgery involving the throat, vocal cords, or airway?

☐ Yes  
☐ No

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Please specify

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Has your child had frequent throat infections or tonsillitis?

☐ Yes  
☐ No

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Please specify

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Does your child experience frequent vocal strain or voice fatigue?

☐ Yes  
☐ No

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Please specify

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Does your child have any of the following conditions?  
(Select all that apply)

- ☐ Osteogenesis imperfecta
- ☐ Trisomy 21 (Down's Syndrome)
- ☐ Prematurity
- ☐ Congenital heart disease
- ☐ Tracheoesophageal fistula
- ☐ Esophageal atresia
- ☐ Cystic fibrosis
- ☐ Rheumatoid arthritis
- ☐ Granulomatosis with polyangitis
- ☐ Mucopolysaccharidosis
- ☐ Other

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Please specify

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Has your child had any of the following in the 2  
weeks? (Select all that apply)

- ☐ Wheezing or trouble breathing
- ☐ Dry cough
- ☐ Wet, productive cough
- ☐ Nasal congestion
- ☐ Sneezing
- ☐ Ear infection
- ☐ Stridor
- ☐ Croup
- ☐ Sorethroat/tonsillitis