6-7 Year Old Questionnaire

Patient's Name:____

Personal/Social History

Are you concerned about your child's…

1. Bowel movements .... ☐ Yes ☐ No
2. Congestion or wheezing? .... ☐ Yes ☐ No
3. Skin color or rashes (circle one)? .... ☐ Yes ☐ No
4. Overall development? .... ☐ Yes ☐ No
5. Communication skills? .... ☐ Yes ☐ No
6. Bed wetting, soiling, or urinary control? .... ☐ Yes ☐ No
7. Weight loss or gain? .... ☐ Yes ☐ No
8. Recurrent ear infections? .... ☐ Yes ☐ No
9. Nose bleeds or bruising? .... ☐ Yes ☐ No
10. Weakness with walking up stairs, running, or climbing? .... ☐ Yes ☐ No
11. Behavior at school, home, or daycare? .... ☐ Yes ☐ No
12. Food allergies? .... ☐ Yes ☐ No
13. Seasonal allergies? .... ☐ Yes ☐ No
14. Chest pain? .... ☐ Yes ☐ No
15. Chronic abdominal pain? .... ☐ Yes ☐ No
16. Joint pain, joint swelling or limp? .... ☐ Yes ☐ No
17. Overall progress/happiness/performance at school? .... ☐ Yes ☐ No
18. Poor diet and/or picky eating? .... ☐ Yes ☐ No

Answer the following:

19. Is your child exposed to tobacco smoke? .... ☐ Yes ☐ No
20. Were there any problems with immunizations in the past? .... ☐ Yes ☐ No
21. Has your child traveled out of the country or do you plan to take your child to a country OTHER THAN Western Europe, Canada, Australia, or New Zealand in the next year? .... ☐ Yes ☐ No
22. Does your child eat non-food substances such as paint chips? .... ☐ Yes ☐ No
23. Is your water source from a well? .... ☐ Yes ☐ No
24. Does your child have any speech delays? .... ☐ Yes ☐ No
25. Have problems sitting in their seat and paying attention at school? .... ☐ Yes ☐ No
26. Is your child on the computer or playing video games or watching TV more than 2 hours per day? .... ☐ Yes ☐ No

Does your child…

27. Interact positively with teachers and friends and babysitters and siblings? .... ☐ Yes ☐ No
28. Know all of his/her colors? .... ☐ Yes ☐ No
29. Ride a bike with or without training wheels? .... ☐ Yes ☐ No
30. Run well and keep up with their friends? .... ☐ Yes ☐ No

6-7 Year Old Questionnaire

Answer the following:

31. Do you have smoke alarms? ____________ Carbon monoxide detectors? ____________
32. Do you know CPR?.. ☐ Yes ☐ No
33. Are you giving your child a multivitamin with iron? .... ☐ Yes ☐ No
34. Is your child eating all food groups: fruits, meats, and vegetables? .... ☐ Yes ☐ No
35. Is your child brushing their teeth? .... ☐ Yes ☐ No
36. Is your child seeing the dentist every 6 months? .... ☐ Yes ☐ No
37. Does your child ride in a booster seat or car seat in the back seat? .... ☐ Yes ☐ No
38. Participate in a sport or other organized activity?.. ☐ Yes ☐ No
39. How many ounces of milk does your child drink in one day? __________ What kind? _______
40. How many ounces of juice does your child drink in one day? ______________

Screening questions for Tuberculosis:

1. Do you have a family member with TB or any contact with someone who has TB?........ ☐ Yes ☐ No
2. Do any family members have a positive TB test? .... ☐ Yes ☐ No
3. Was your child or any family members born in a high risk country (any country other than the US, Canada, Australia, New Zealand, or Western Europe)? .... ☐ Yes ☐ No
4. Has your child or a family member traveled to a high risk country and had contact with resident populations for over 1 week?.. ☐ Yes ☐ No
5. Has your child ever drank unpasteurized milk or eaten unpasteurized cheese?................ ☐ Yes ☐ No
6. Do you plan to travel to a high risk country (one NOT listed above) within the next year?.. ☐ Yes ☐ No

Lead Screening:

Does your child…

1. Live in or regularly visit a house that was built before 1950? (Daycare, Babysitter, or relative) .... ☐ Yes ☐ No
2. Live in or regularly visit a house built before 1978 with recent ongoing renovations or remodeling (within the last 6 months? .... ☐ Yes ☐ No
3. Have a sibling or playmate who now has or did have lead poisoning? .... ☐ Yes ☐ No
4. Is your child a refugee from another country? .... ☐ Yes ☐ No

Name and Ages of Brothers____

Sisters ____

Patient lives with: Mom _____ Dad _____ Both Together _____ Both Separately _____

Do you have any concerns you wish to discuss? .... ☐ Yes ☐ No

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