Name: _____ Date of birth: _____

Health Status Questionnaire – 5 & 6 Years

Child lives with: mother father both parents other:_____

School: public private chartered home school
Grade: pre-k kindergarten 1st 2nd
Performance: excellent good fair poor failing

Eating habits:
___ regular meals ___ snacks ___ grazes ___ skips meals ___ picky
___adequate fruits/veggies ___ mostly meat/carbs ___ fast food > 2x week
Milk/dairy products: ___ times per day ___ vegetarian

Activity: regular exercise active sports sedentary cannot tolerate exercise

Voiding habits: normal accidents during day bedwetting

Stool pattern: regular irregular hard runny soft accidents

Sleep: sleeps 9-10 hrs sleeps < 9hrs difficulty going to sleep wakes at night

Car seat use:	Y	N	Smoke detectors:	Y	N
Sunscreen:	Y	N	Fire extinguishers:	Y	N
Insect protection:	Y	N	Firearms/guns in house:	Y	N
Home child proofed:	Y	N	Locked away:	Y	N
Dental visit:	Y	N	Passive smoke exposure:	Y	N

Tuberculosis (Tb) Screen Questions:

Has your child ever received BCG (a Tb vaccine given in some foreign countries)?	Y	N
Has there ever been tuberculosis/Tb in any household member?	Y	N
Was your child born or traveled for longer than 2 weeks to a country at high risk for tuberculosis (countries other than U.S., Canada, Australia, New Zealand or western Europe)?	Y	N

Aware of risks of strangers: Y N Aware of sexual privacy: Y N

Development concerns: none speech motor social cognitive vision hearing

(continue on back)

Does your child:

Balance on 1 foot?	Y	N
Hop and skip?	Y	N
Tie a knot?	Y	N
Speak clearly?	Y	N
Draw a person with 6 body parts?	Y	N
Write letters?	Y	N
Copy shapes?	Y	N
Count to 10 +?	Y	N
Name 4+ colors?	Y	N
Follow directions?	Y	N
Listen/pay attention?	Y	N

Do you limit your child to no more than 1-2 hrs a day of
TV/computer/video game? Y N

Do you have any concerns about your child? _____

_____

If your child has asthma, history of wheezing or uses inhalers/breathing treatments, please answer the following questions:

Cough/wheezing: 0-2 days/week >2 days/week daily throughout day

Nighttime cough: 0-1 night/month 2-3 nights/month 4 nights/month >1 night/week

Interferes with normal activity: no limitations minor some extreme

Rescue inhaler (albuterol,Proair,Xopenex,Ventolin,Proventil) use:
0-2 days/week >2 days/week daily several times/day

Oral steroid courses: 0-1X/year 2-3X/year >3X/year

Asthma hospitalizations past 6 months: 0 1 2 3

Updated 8/28/17