



5005 Riviera Court
Fort Wayne, Indiana 46825

(260) 471-4090
(888) 471-4090



Children's Health Survey

Parent's Name _____

Phone _____

Address _____

Age of Child _____

Child's Name _____

Phone (if different) _____

Address (if different) _____

1. Check off any of the following symptoms your child may have experienced in the past 6 months

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Allergies | <input type="checkbox"/> Ear problems | <input type="checkbox"/> Pain/Tension/Numbness |
| <input type="checkbox"/> Sleeping disorders | <input type="checkbox"/> Breathing problems | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Neck <input type="checkbox"/> Legs |
| <input type="checkbox"/> Irritability | <input type="checkbox"/> Hyperactivity | <input type="checkbox"/> Frequent colds | <input type="checkbox"/> Shoulders <input type="checkbox"/> Arms |
| <input type="checkbox"/> Flu | <input type="checkbox"/> Bloody noses | <input type="checkbox"/> Meningitis | <input type="checkbox"/> Low back <input type="checkbox"/> Hands |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Constipation | <input type="checkbox"/> Colic | <input type="checkbox"/> Bladder trouble |
| <input type="checkbox"/> Rashes | <input type="checkbox"/> Milk or lactose intolerance | <input type="checkbox"/> Bed wetting | <input type="checkbox"/> Weight trouble |
| <input type="checkbox"/> Digestive problems | <input type="checkbox"/> Nervousness | <input type="checkbox"/> Hormonal spikes | <input type="checkbox"/> Other |

Which of the above concerns you most? _____

How long has your child been bothered by this condition? _____

Describe how it feels or affects your child when it is at its worst. _____

2. Does this cause your child to be:

- Moody
- Irritable
- Interrupt sleep
- Restrict daily activities
- Prescribed medications

3. Does this affect your child's ability to learn:

- Shortened attention span
- Comprehension problems
- Nervousness
- Temper tantrums
- Poor attitude

4. Does this affect your child's life:

- Unable to communicate what's wrong
- Unable to get along with parents, siblings, or friends
- Other children make fun of him/her
- Hinders ability to exercise or participate in sports, hobbies, or other desired activity