

KID'S HEALTH ASSESSMENT:

NAME:

Today's Date: __/__/_____

This questionnaire assists you to "quantify" your child's state of health: Read each description and tick inside the box which most closely corresponds to how you feel about each one in both regularity and severity sections. (You will have two ticks in each row next to each description, one for regularity and one for severity.)

	REGULARITY					SEVERITY				
	Never	Rarely	Someti mes	Often	Always	None	Mild	Moderat e	Severe	Unbear able
Angry, frustrated and/or tantrums										
Argues with siblings and/or friends										
Asthma, cough or breathing problems										
Behavioral problems										
Complains of aches and pains										
Concentration problems										
Dislikes after-school activities										
Headaches										
Health affects family activities										
Infections										
Learning problems										
Low energy										
Misses school when ill										
Misses sport/recreation when ill										
Nausea, sick feelings in tummy										
Pains in feet and/or legs										
Pains in hands and/or arms										
Require bed rest during day when ill										
Sad, depressed, unhappy or upset										
Sick/Unwell										
Taking over the counter medication/s										
Taking prescription medication/s										
Tummy or abdominal pains or problems										
Unhappy at home &/or school										
Vomiting, constipation or diarrhea										
Multiply # in each column	0	1X _ =	2X _ =	3X _ =	4X _ =	0	1X _ =	2X _ =	3X _ =	4X _ =
SUBTOTAL										
TOTAL										