



Woodinville Pediatrics 7-8 year Questionnaire

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parental concerns this visit: \_\_\_\_\_  
\_\_\_\_\_

Current Medications: \_\_\_\_\_

Current Allergies: \_\_\_\_\_

**Family**

After school care \_\_\_yes \_\_\_no school: \_\_\_\_\_

Changes since last visit \_\_\_\_\_

**Diet**

5 servings of fruit/vegetable \_\_\_yes \_\_\_no

Limited sweetened liquids \_\_\_yes \_\_\_no

Vitamins/Supplements \_\_\_\_\_

Diet Concerns \_\_\_yes \_\_\_no

Diet comments \_\_\_\_\_

**Sleep**

Sleep concerns \_\_\_yes \_\_\_no

Comments: \_\_\_\_\_

**Tobacco Exposure** \_\_\_yes \_\_\_no

**Behavior Concerns** \_\_\_yes \_\_\_no

**Physical Activity** Play time (60m/d) \_\_\_yes \_\_\_no

Screen time (<2hr/d) \_\_\_yes \_\_\_no

**School**

Grade \_\_\_\_\_ Special education \_\_\_yes \_\_\_no

Social concerns \_\_\_yes \_\_\_no Social interaction \_\_\_\_\_

Performance concerns \_\_\_yes \_\_\_no

Behavior concerns \_\_\_yes \_\_\_no

Attention concerns \_\_\_yes \_\_\_no

Homework concerns \_\_\_yes \_\_\_no

Parent/Teacher Concerns \_\_\_yes \_\_\_no

comments: \_\_\_\_\_

Parent child interact concerns \_\_\_yes \_\_\_no

comments: \_\_\_\_\_

Sib interact concerns \_\_\_yes \_\_\_no

**Development**

\_\_\_ Eats healthy meals and snacks

\_\_\_ Participates in an after school activity

\_\_\_ Has friends

\_\_\_ Is vigorously active for 1 hour a day

\_\_\_ Is doing well in school

\_\_\_ Does chores when asked

\_\_\_ Gets along with family

**Additional comments:** \_\_\_\_\_

\_\_\_\_\_