

Pediatric Health Assessment Questionnaire

The **pediatric health assessment questionnaire** is designed to systematically evaluate the physical and emotional well-being of children with chronic illnesses. It helps healthcare providers gather essential information to tailor effective treatment plans. Utilizing this tool ensures comprehensive monitoring and improved patient care outcomes.

Patient Information

Child's Name:

Date of Birth: Age:

Gender:

--Select--

Chronic Illness History

Primary Diagnosis:

Year of Diagnosis:

Current Medications (List all):

Number of Hospitalizations in the Past Year:

Physical Health

Which symptoms has your child experienced in the past month? (Check all that apply)

- ☐ Fever
- ☐ Fatigue
- ☐ Pain
- ☐ Shortness of Breath
- ☐ Poor Appetite
- ☐ Other:

Emotional & Social Well-being

How would you describe your child's mood?

--Select--

Attendance at School (days missed in past month):

Any difficulties with peers or making friends?

--Select--

Daily Function & Quality of Life

How much do the child's health problems affect daily activities?

--Select--

Any specific concerns from the family regarding the child's health?

Additional Notes

Anything else you would like the healthcare provider to know?

Submit