

PARENT QUESTIONNAIRE

To help our office better serve our families with children under the age of two-years, in relation to the winter respiratory infection with RSV (respiratory syncytial virus), please complete this questionnaire.

CHILD'S NAME: _____

DATE OF BIRTH: _____

1. Was your child born more than 4 weeks early (prematurely)?
 - Yes (How many weeks?) _____
 - No

2. Was your child in the neonatal intensive care unit (NICU) after birth?
 - Yes (How many days?) _____
 - No

3. Has your child ever been re-hospitalized?
 - Yes (If yes, please explain) _____
 - No

4. Has your child ever had any respiratory or breathing difficulties?
 - Yes (If yes, please explain) _____
 - No

5. Does your child have a heart or lung condition?
 - Yes (If yes, please explain) _____
 - No

6. Does your child have an immune deficiency?
 - Yes (If yes, please explain) _____
 - No

7. Please check any of the situations listed below that may pertain to your child.
 - My child is around other children for more than 4 hours per week.
 - My child attends day care, either in the home, a center, gym or place of worship.
 - My child lives with siblings or other children.
 - My child is exposed to tobacco smoke, wood burning stoves or kerosene heaters.
 - My child lives over 30 miles from the nearest hospital.

Signature: _____ Date: _____