Initial History Question	nnaire		Name				
			ID NUMBER				
ORM COMPLETED BY	DATE COMPLETED		BIRTH DATE	AGE			
				M F			
Household			NAMES OF STREET				
ease list all those living in the child's home.			Are there siblings not listed? If so, pleas	se list their names, ages, and where			
Relationship Birth Health			they live.				
Name to child	date problems						
			What is the child's living situation if not with both biological parents?  Lives with adoptive parents  Joint custody  Single custody				
			Lives with foster family				
			If one or both parents are not living in the home, how often does the child see				
			the parent(s) not in the home?				
Birth History ■ Don't know birth	history	Participal					
	Parket State Control of the Control	weeks	Was the delivery ☐ Vaginal ☐ Ces	arean If cerarean why?			
irth weight Was the baby born at t		weeks	vvas trie delivery = vaginar = ces	arean in Cesarean, why.			
Vere there any prenatal or neonatal complic							
Yes No Explain			2.0				
V- NICH	Evaleia		Was initial feeding  Formula Brea	ast milk. How long breastfed?			
Vas a NICU stay required? 🗆 Yes 🗆 No	Explain		vvas initiai ieeding roriiidia brea				
Value assessed did mathor			Did your baby go home with mother fi	rom the hospital?			
	ink alcohol Yes			rom the hospital?			
Jse tobacco ☐ Yes ☐ No Dri	ink alcohol  Yes	No	Did your baby go home with mother fi	rom the hospital?			
Use tobacco	Used prenatal vitan	No	Did your baby go home with mother fi	rom the hospital?			
Jse tobacco		No	Did your baby go home with mother fi	rom the hospital?			
Jse tobacco	Used prenatal vitan	No	Did your baby go home with mother fi	rom the hospital?			
Jse tobacco	☐ Used prenatal vitan	No	Did your baby go home with mother for Yes No Explain	rom the hospital?			
Jose tobacco   Yes   No   Dri Jose drugs or medications   Yes   No What   Wh  General   DK = don't know  Do you consider your child to be in good he	□ Used prenatal vitamen	No nins	Did your baby go home with mother for Yes No Explain	rom the hospital?			
Jose tobacco   Yes   No   Dri Jose drugs or medications   Yes   No What   Wh  General   DK = don't know  Do you consider your child to be in good he	□ Used prenatal vitamen	No nins	Did your baby go home with mother for Yes No Explain	rom the hospital?			
Use tobacco Yes No Dri Use drugs or medications Yes No What Wh  General DK = don't know Do you consider your child to be in good he Does your child have any serious illnesses or	☐ Used prenatal vitamen ☐ Used prenatal vitamen ☐ Used prenatal vitamenen ☐ Used prenatal vitam	No nins  DK Ex	Did your baby go home with mother for Yes No Explain	rom the hospital?			
Use tobacco Yes No Dri Use drugs or medications Yes No What Wh  General DK = don't know Do you consider your child to be in good he Does your child have any serious illnesses or	☐ Used prenatal vitamen ☐ Used prenatal vitamen ☐ Used prenatal vitamenen ☐ Used prenatal vitam	No nins  DK Ex	Did your baby go home with mother for Yes No Explain	rom the hospital?			
Use tobacco	Used prenatal vitamen  alth? Yes No  medical conditions?  No DK Explain	No nins  DK Ex	Did your baby go home with mother for Yes No Explain	rom the hospital?			
Use tobacco	Used prenatal vitamen  alth? Yes No  medical conditions?  No DK Explain	No nins  DK Exp	Did your baby go home with mother from Yes No Explain	rom the hospital?			
Use tobacco	Used prenatal vitamen  alth? Yes No  medical conditions?  No DK Explain	No nins  DK Exp	Did your baby go home with mother from Yes No Explain	rom the hospital?			
Jose tobacco   Yes   No   Dri Jose drugs or medications   Yes   No What   Wh  General   DK = don't know  Do you consider your child to be in good he  Does your child have any serious illnesses or  Has your child had any surgery?   Yes    Has your child ever been hospitalized?   Yes  s your child allergic to medicine or drugs?	Used prenatal vitamen  a'th?	No nins  DK Explain	Did your baby go home with mother from Yes No Explain	rom the hospital?			
Ise tobacco   Yes   No   Dri Ise drugs or medications   Yes   No Vhat   Wh  General   DK = don't know Do you consider your child to be in good he Does your child have any serious illnesses or Has your child had any surgery?   Yes   Has your child ever been hospitalized?   Yes So your child allergic to medicine or drugs? Do you feel your family has enough to eat?	Used prenatal vitamen  alth? Yes No medical conditions?  No DK Explain  Yes No DK  Yes No DK	No nins  DK Exp	Did your baby go home with mother from Yes No Explain	rom the hospital?			
se tobacco   Yes   No   Dri se drugs or medications   Yes   No Vhat   Wh  General   DK = don't know  To you consider your child to be in good he  To your child have any serious illnesses or  That your child had any surgery?   Yes    That your child ever been hospitalized?   Yes  To your child allergic to medicine or drugs?  To you feel your family has enough to eat?  Biological Family History   Description   Descriptio	Used prenatal vitamen  alth? Yes No medical conditions?  No DK Explain  Yes No DK E  Yes No DK  Yes No DK  Yes No DK	No nins  DK Explain	Did your baby go home with mother from Yes No Explain	rom the hospital?			
Ise tobacco   Yes   No   Dri Ise drugs or medications   Yes   No Vhat   Wh  General   DK = don't know Do you consider your child to be in good he Does your child have any serious illnesses or Has your child had any surgery?   Yes   Has your child ever been hospitalized?   Yes So your child allergic to medicine or drugs? Do you feel your family has enough to eat?  Biological Family History   Delay any family members had the following?	Used prenatal vitamen  alth? Yes No medical conditions? No DK Explain Yes No DK Explain Yes No DK Explain Yes No DK Yes No DK	No nins  DK Explain  Explain  Explain  K Explain	Did your baby go home with mother from Yes No Explain	rom the hospital?			
Ise tobacco   Yes   No   Dri Ise drugs or medications   Yes   No Vhat   Wh  General   DK = don't know Do you consider your child to be in good he Does your child have any serious illnesses or Has your child had any surgery?   Yes   Has your child ever been hospitalized?   Yes Syour child allergic to medicine or drugs? Do you feel your family has enough to eat?  Biological Family History Have any family members had the following? Childhood hearing loss	Used prenatal vitamen  alth? Yes No medical conditions?  No DK Explain  Yes No DK	No nins  DK Explain  Explain  Explain  Explain	Did your baby go home with mother from the from	nents			
se tobacco   Yes   No   Dri se drugs or medications   Yes   No Vhat   Wh  General   DK = don't know  To you consider your child to be in good he  To your child have any serious illnesses or  The syour child had any surgery?   Yes    The syour child allergic to medicine or drugs?  To you feel your family has enough to eat?  Biological Family History   Description of the syour child had any surgery   The syour child had any surgery?   Yes    The syour child allergic to medicine or drugs?	Used prenatal vitamen  alth? Yes No medical conditions?  No DK Explain  Yes No DK  Yes No DK  Yes No DK  Yes No DK  Yes No No DK	No nins  DK Explain  Explain  Explain  C Explain	Did your baby go home with mother from the from	ments			
se tobacco   Yes   No   Dri se drugs or medications   Yes   No Vhat   Wh  General DK = don't know  To you consider your child to be in good he  To your child have any serious illnesses or  That your child had any surgery?   Yes    That your child ever been hospitalized?   Yes  To your child allergic to medicine or drugs?  To you feel your family has enough to eat?  Biological Family History    That your child have any family members had the following?  Childhood hearing loss  Nasal allergies  Asthma	Used prenatal vitamen  alth? Yes No medical conditions? No DK Explain Yes No DK Explain Yes No DK Yes No DK Yes No DK Yes No DK	No nains  DK Explain  Explain  Explain  Explain	Did your baby go home with mother from the from	nents			
se tobacco   Yes   No   Dri se drugs or medications   Yes   No Vhat   Wh  General DK = don't know  To you consider your child to be in good he  To your child have any serious illnesses or  That your child had any surgery?   Yes    That your child ever been hospitalized?   Yes  To your child allergic to medicine or drugs?  To your family has enough to eat?  Biological Family History   The properties of the following?  Childhood hearing loss  Nasal allergies  Asthma  Tuberculosis	Used prenatal vitamen  alth? Yes No medical conditions? No DK Explain Yes No DK Explain Yes No DK Yes No DK Yes No DK Yes No DK	No nains  DK Explain  Explain  Explain  DK WH  DK WH  DK WH	Did your baby go home with mother from the from	nents			
se tobacco   Yes   No   Dri se drugs or medications   Yes   No Vhat   Wh  General DK = don't know To you consider your child to be in good he Toes your child have any serious illnesses or The serious illnesses The serious ill	Used prenatal vitamen  alth? Yes No medical conditions?   No DK Explain Yes No DK   Yes No	No nains  DK Explain  Explain  Explain  Explain  DK WH DK WH DK WH DK WH DK WH	Did your baby go home with mother from the from	nents			
se tobacco   Yes   No   Dri se drugs or medications   Yes   No Vhat   Wh  General   DK = don't know  To you consider your child to be in good he  To your child have any serious illnesses or  The serious illnesses  The s	Used prenatal vitamen	No nains  DK Explain  Explain  Explain  Explain  DK WH DK WH DK WH DK WH DK WH DK WH	Did your baby go home with mother from the from	nents			
Ise tobacco   Yes   No   Dri Ise drugs or medications   Yes   No Vhat   Wh  General   DK = don't know  Do you consider your child to be in good he  Does your child have any serious illnesses or  Has your child had any surgery?   Yes    Has your child ever been hospitalized?   Yes  So your child allergic to medicine or drugs?  Do you feel your family has enough to eat?  Biological Family History   Description of the following?  Childhood hearing loss  Nasal allergies  Aschma  Tuberculosis  Heart disease (before 55 years old)  High cholesterol/takes cholesterol medicatio	Used prenatal vitamen	No nins  DK Explain  Explain  Explain  CK Explain  DK Will DK Wil	Did your baby go home with mother from the from	nents			
Use tobacco	Used prenatal vitamen	No nins  DK Explain  Explain  Explain  Explain  CK Explain  DK Wing DK W	Did your baby go home with mother from the from	nents			
Do you consider your child to be in good he coos your child have any serious illnesses or chas your child had any surgery?   Yes cooperated any surgery?   Y	Used prenatal vitamen	DK Explain  Explain  Explain  Explain  Explain  DK Wi	Did your baby go home with mother from the from	nents			

American Academy of Pediatrics

**Initial History Questionnaire** 

	The state of the s	West March 1980						
Biological Family History (Contin	wed fro	m front sid	le.) [	OK = do	n't know			
Liver disease	Yes	□No	D	K W	10		Comments	
Kidney disease	Yes	□No	D					
Diabetes (before 55 years old)	Yes	□ No	D	K W	10		Comments	
Bed-wetting (after 10 years old)	Yes	□ No	D	K W	10		Comments	
Obesity	Yes	□ No	D	K W	10		Comments	
Epilepsy or convulsions	Yes	□ No		K W	10		Comments	
Alcohol abuse	Yes	☐ No		K W	10		Comments	
Drug abuse	Yes	□ No		K W	10		Comments	
Mental illness/depression	Yes	☐ No		K W	10		Comments	
	Yes	□ No		K W	10		Comments	
	Yes	☐ No					Comments	
W 4090000 00000 NW 10000	Yes	□ No		K W	10		Comments	
Additional family history								
Past History DK = don't know								
Does your child have, or has your child ever had,								
Chickenpox			Yes	□ No	□ DK	When		
Frequent ear infections			Yes	□No	□ DK			
Problems with ears or hearing			Yes	□ No	DK	Explain		
Nasal allergies			Yes	□No	□ DK	Explain		
Problems with eyes or vision			Yes	□ No	□ DK	Explain		
Asthma, bronchitis, bronchiolitis, or pneumonia			Yes	□ No	□ DK	Explain		
Any heart problem or heart murmur			Yes	□ No	□ DK	Explain		
Anemia or bleeding problem			Yes	□ No	$\square$ DK	Explain		
Blood transfusion			Yes	□ No	□ DK	Explain		
HIV			Yes	□ No	□ DK	Explain		
Organ transplant			Yes	□ No	□ DK	Explain		
Malignancy/bone marrow transplant			Yes	□ No	□ DK	Explain		
Chemotherapy			Yes	□ No	□ DK			
Frequent abdominal pain			Yes	□ No	□ DK			
Constipation requiring doctor visits			Yes	□ No	□ DK			
Recurrent urinary tract infections and problems			Yes	□ No	DK			
Congenital cataracts/retinoblastoma Metabolic/Genetic disorders			Yes	□ No	□ DK	-		
Cancer			Yes Yes	□ No	□ DK			
Kidney disease or urologic malformations			Yes	□ No	□ DK			
Bed-wetting (after 5 years old)			Yes	□ No	DK			
Sleep problems; snoring			Yes	□ No	□ DK			
Chronic or recurrent skin problems (eg. acne, ecz	rema)		Yes	□No	DK			
Frequent headaches			Yes	□No	□ DK		,	
Convulsions or other neurologic problems			Yes	□No	□ DK			
Obesity			Yes	□No	□ DK			
Diabetes			Yes	□No	□ DK	Explain		
Thyroid or other endocrine problems			Yes	□No	□ DK	Explain		
High blood pressure			Yes	□No	□ DK	Explain		
History of serious injuries/fractures/concussions			Yes	□No	□ DK	Explain		
Use of alcohol or drugs			Yes	□No	□ DK	Explain		
Tobacco use			Yes	□No	DK	Explain		
ADHD/anxiety/mood problems/depression			Yes	□No	$\square$ DK	Explain		
Developmental delay			Yes	□No	□ DK	Explain		
Dental decay			Yes	☐ No	□ DK	Explain		
History of family violence			Yes	□ No	$\square$ DK	Explain		
Sexually transmitted infections			Yes	□ No	□ DK	and the same of the		
Pregnancy			Yes	□ No	□ DK			
(For girls) Problems with her periods				□ No		Explain		
Has had first period ☐ Yes ☐ No Age of	first pe	riod						
Any other significant problem								

This American Academy of Pediatrics Initial History Questionnaire is consistent with Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 3rd Edition.

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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