Children's Wellness Survey

Childs name: _____ Male___ or Female____ Age_____

Name of person filling out survey: _____Relationship to child:_____

Address:_____City:_____

State: _____Zip code:_____ Phone number:_____

Email: _____

Date: _____

Nutritional / Activity Assessment

1. Does your child take a multivitamin? Yes No
2. Does your child exercise on a regular basis? Yes No
3. Does your child watch TV daily? Yes No
4. Does your child eat 4-5 servings of vegetables daily? Yes No
5. Does your child eat 2-3 servings of fruit per day? Yes No
6. Does your child drink 6-8 cups of water per day? Yes No
7. Does your child drink pop or energy drinks? No____Rarely_____Weekly_____Daily_____
8. Does your child eat packaged/processed snacks daily? Yes No
9. Does your child have a bowel movement daily? Yes No
10. Does your child take antibiotics frequently? Yes No

Does your child have symptoms or are you concerned of any of the following?

- Acne
- Anxious
- Attention
- Allergies
- Asthma
- Cancer
- Constipation
- Defiant
- Diarrhea
- Digestive issues
- Difficulty with texture
- Dislike changes in their routine
- Ear infections
- Eczema
- Frequent flu/colds
- Frequent heartburn
- Frequent nightmares
- Fidgety
- Generally anxious
- Headaches/migraines
- Hyperactivity
- Low energy
- Lack empathy
- Indigestion
- In trouble frequently
- Impulsive
- Itches frequently
- Negative self-talk

- Fears/phobias
- Poor sleep
- Poor dental health
- Puts self-down frequently
- Runny noses
- Episodes of rage
- Sadness
- Sensory difficulties
- Skin health (Eczema, psoriasis, cracking skin)
- Sinus difficulties
- Stress
- Social difficulties
- Talk of suicide
- Teeth Grinding
- Insomnia
- React to Sugar
- Frequent Yeast
- Frequent Ear Infections
- Migraines
- Hair Loss
- Difficulty Learning from Mistakes
- Muscle cramps
- Mood swings
- Food allergies
- Picky eater
- Walks on tippy toes frequently
- PMS/cramps
- Pervasive Development Disorder
- Risk taking behaviors
- Separation anxiety
- Social anxiety
- Tummy aches/pains/complains
- Weight concerns
- Worries easily or frequently
- Suicidal Thinking
- Muscle Cramps
- Thyroid
- Tongue Tie
- Lip Tie
- Sensitive/Don't like Pants around waist
- Mother have miscarriages
- Skin Picking

Any other comments:_____
_____
_____

We are lucky to have wonderful wellness trainings in your area. Would you like to be added to an email list for wellness education and seminars? Yes No

Would you be interested in a free wellness consultation for yourself or your child? (Education on how diet, supplementation, and genetics impact your health) Yes No

"It's never too late to have a happy childhood"