

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

DOB: \_\_\_\_\_

### Pediatric Wellness Questions

<b>Nutrition Assessment (HPI):</b>										
1. Is the patient's current diet nutritious and satisfying?	YES					NO				
2. How many servings of vegetables and fruits does the patient have a day?	0	1	2	3	4	5	More than 5			
3. How many servings of water does the patient have a day?	0	1	2	3	4	More than 4				
4. How many servings of dairy does the patient have a day?	0	1	2	3	More than 3					
<b>Physical Activity (HPI):</b>										
1. Circle the following activities that would apply to the patient's physical activity: Walking    Running    Jumping    Swimming    Biking    Sports    Playing										
2. For how long is the patient physically active?	Less than 30 Minutes			Less than 1 hour			More than 1 hour			
3. How many days per week is the patient physically active?	None	1	2	3	4	5	6	Daily		
4. Are there any smokers in the house?	YES					NO				
<b>Screen Time (HPI):</b>										
1. How many hours does the patient spend in front of a television, computer, Ipad, Iphone, and/or video games?	None	1	2	3	4	5	6	7	8	More than 8

**The following section to be completed by patients 12 yrs of age and older.**

**Depression Screening (Smart Form: PHQ2 – 2015 Edition):**

Over the last **2 weeks**, how often has the patient been bothered by the following problems:

	Not At All	Several Days	More than half the days	Nearly Every Day
1. Little interest or pleasure in doing things:	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3

*\*If Patient answered 1 or higher to either, or both, question(s), please continue answering the questions on the back of this page. If answered 'Not at all' to both questions, you can stop here*



**Depression Screening Cont'd (Smart Form: PHQ9):**

*\*Only to be completed if either answer for Depression Screen on previous page is 1 or more for either, or both, questions.*

	<b>Not At All</b>	<b>Several Days</b>	<b>More than half the days</b>	<b>Nearly Every Day</b>
1. Little interest or pleasure in doing things:	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling asleep, staying asleep, or sleeping too much:	0	1	2	3
4. Feeling tired or having little energy:	0	1	2	3
5. Poor appetite or overeating:	0	1	2	3
6. Feeling Bad about yourself, or that you are a failure, or have let yourself and family down:	0	1	2	3
7. Trouble Concentrating on things, such as reading the newspaper or watching television:	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed, or the opposite, being so fidgety or restless that you been moving around more than usual:	0	1	2	3
9. Thoughts that you might be better off dead or of hurting yourself in some way:	0	1	2	3