

19. Do you feel there is trouble with your child's eyes?	Yes	No
20. Do you feel there is trouble with your child's ears?	Yes	No
21. Do you feel there is trouble with your child's heart?	Yes	No
22. Do you feel there is trouble with your child's lungs?	Yes	No
23. Do you feel there is trouble with your child's digestive system?	Yes	No
24. Do you feel there is trouble with your child's skin?	Yes	No
25. Do you feel there is trouble with your child's bones and/or joints?	Yes	No
26. Do you feel there is trouble with your child's muscles?	Yes	No
27. Do you feel there is trouble with your child's legs or feet?	Yes	No
28. Do you feel there is trouble with your child's coordination?	Yes	No
29. Do you feel there is trouble with your child's strength?	Yes	No
30. Does bed-wetting still occur?	Yes	No
31. Do bowel accidents still occur?	Yes	No
32. Do you have questions about your child's sexual maturation?	Yes	No
33. Does your child urinate unusually frequently or have pain with it?	Yes	No
34. Have there been urinary infections?	Yes	No
35. Has there ever been blood in the urine?	Yes	No
36. Is constipation, diarrhea, or bowel control a frequent problem?	Yes	No
37. Has your child ever had draining ears?	Yes	No
38. Have frequent earaches been a problem?	Yes	No
39. Does your child have asthma?	Yes	No
40. Does your child have hay fever?	Yes	No
41. Does your child have frequent red itching eyes?	Yes	No
42. Are there any unusual allergies?	Yes	No
43. Have hives or eczema ever occurred?	Yes	No
44. Has anyone ever reported that your child has a heart murmur?	Yes	No
45. Has your child had pneumonia?	Yes	No
46. Do nose bleeds occur with unusual frequency?	Yes	No

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| 47. Have swollen glands ever been a problem? | Yes | No |
| 48. Is medication given daily other than vitamins or fluoride? | Yes | No |
| 49. Have any joints ever swollen or been painful? | Yes | No |
| 50. Is there an abnormality in walking? | Yes | No |
| 51. Do you feel your child is slow in developing motor skills such as sitting, walking, climbing, riding? | Yes | No |
| 52. Do you feel your child has difficulty with fine movements such as writing, or drawing? | Yes | No |
| 53. In your opinion has there been a delay in development of normal speech? | Yes | No |
| 54. Do you suspect that your child may have a hearing problem? | Yes | No |
| 55. Has your child had any learning problems or do you anticipate any? | Yes | No |
| 56. Is reading a problem for his/her age? | Yes | No |
| 57. Is there reason for you to suspect that there is any emotional problem? | Yes | No |
| 58. Are there sleeping problems? | Yes | No |
| 59. Does your child have unusual fears or nightmares? | Yes | No |
| 60. Does your child sleep with his/her parents often? | Yes | No |
| 61. Does stuttering exist? | Yes | No |
| 62. Has stealing ever been a problem? | Yes | No |
| 63. Has the school had to take special disciplinary measures with your child or have you ever been called to school especially to discuss disciplinary problems | Yes | No |
| 64. Is your child a loner with few friends? | Yes | No |
| 65. Is your child over-active? | Yes | No |
| 66. Is your child's attention span shorter than you would expect for their age? | Yes | No |
| 67. Does educating your child about sex present a problem for you? | Yes | No |
| 68. Check any of the following diseases that this child's parents, grandparents, aunts, uncles, brothers, sisters, or first cousins have had: | | |

Tuberculosis

Diabetes

Asthma

Convulsions

Ulcers

Colitis

Mental Illness

Mental Retardation

Unusual Inherited Diseases

Diseases of the blood

Glandular Diseases

Heart Disease

Diseases involving muscles-bones-joints

Bleeding Disorders

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| 69. | a) Have any infants or children in the family died? | Yes | No |
| | b) Cause? _____ | | |
| 70. | Does either parent have medical or serious emotional problems? | Yes | No |
| 71. | Has any member of your immediate family had psychiatric care? | Yes | No |
| 72. | Has either parent been previously married or divorced? | Yes | No |
| 73. | Is there serious tension in the family at the present time? | Yes | No |
| 74. | Are there any medical or emotional problems which have not been mentioned? | Yes | No |
| 75. | Is there any particular problem that you would like to discuss with the doctor? | Yes | No |