REACH

Risk Evaluation to Achieve Cardiovascular Health

Cook Children's SM

REACH clinic new patient questionnaire

Please answer the questions below by circling or filling in the appropriate response.

Question	Answer (circle or fill in the blank)	Explanation
Which one most closely relates to your child's ancestry?	American Indian or Native American Asian Black or African American Hispanic or Latino Native Hawaiian or Pacific Islander White/Caucasian Other Decline to answer	
Were the biological parents related to each other prior to the child's birth?	Yes No	
Has your child ever taken tricyclic antidepressants? (Ex: Amitriptyline, imipramine, desipramine, nortriptyline) *Common use: for depression*	Yes No	
Has your child ever taken MAOIs? (Ex: Phenelzine, isocarboxazid) *Common use: for depression or anxiety*	Yes No	
Has your child ever taken mood stabilizers or antiepileptics? (Ex: Lithium, valproic acid, carbamazepine, gabapentin) *Common use: for seizures or mood disorders*	Yes No	
Has your child ever taken SSRIs? (Ex: Paroxetine, sertraline) *Common use: for depression or anxiety*	Yes No	
Has your child ever taken atypical antipsychotics? (Ex: Clozapine, olanzapine, resperidone, quentiapine, ziprasidone) *Common use: for treatment of psychosis, including schizophrenia or bipolar disorder*	Yes No	
Has your child ever taken tetracyclic antidepressants? (Ex: Mirtazapine) *Common use: for depression*	Yes No	

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Question	Answer (circle or fill in the blank)	Explanation
Has your child ever taken beta blockers? (Ex: Propanolol) *Common use: for high blood pressure, irregular heartbeat or chest pain*	Yes No	
Has your child ever taken calcium channel blockers? (Ex: Nifedipine, verapamil) *Common use: for high blood pressure, irregular heartbeat or chest pain*	Yes No	
Has your child ever taken corticosteroids? (Ex: dexamethasone, prednisone, flunisolide, fluticasone) *Common use: for asthma or severe allergies*	Yes No	
Has your child ever taken contraceptives? (Ex: Oral birth control pills, Depo-Provera, NuvaRing) *Common use: for irregular periods or birth control*	Yes No	
Which one best describes mother's weight prior to pregnancy?	Thin Normal Overweight Obese	
Approximately how much weight did patient's mother gain during pregnancy?	Less than 20 lb. 20 – 30 lb. 30 – 40 lb. More than 40 lb.	
Did mother have high cholesterol prior to pregnancy?	Yes No	
If yes, did mother take lipid lowering medication(s)?	Yes No	
Did mother have a glucose tolerance or "diabetes" test during pregnancy?	Yes No	
If yes, was glucose tolerance test normal?	Yes No	
Did mother have diabetes during pregnancy?	Yes No	
If yes, did mother take diabetes medications during pregnancy?	Yes No	
Did mother use alcohol or illicit drugs during pregnancy?	Yes No	
When did your child first sit?	Before 6 months 6-7 months After 7 months Not sure	

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Question	Answer (circle or fill in the blank)	Explanation
When did your child first crawl?	Before 9 months 9-12 months After 12 months Not sure	
When did your child first stand alone?	Before 10 months 10-12 months After 12 months Not sure	
When did your child say his or her first words?	Before 9 months 9-12 months After 12 months Not sure	
When did your child first walk?	Before 12 months 12-15 months After 15 months Not sure	
Was your child breast fed?	No, never breast fed Yes, for 0-3 months Yes, for 3-6 months Yes, for 6-9 months Yes, for 9-12 months Yes, for more than 12 months	
If your child was breast fed, did he/she get supplemental formula?	No, never supplemented with formula Yes, supplemented at 0-3 months Yes, supplemented at 3-6 months Yes, supplemented at 6-9 months Yes, supplemented at 9-12 months Yes, supplemented at 12+ months	
Has the biological mother had a cholesterol test?	Yes No	Results:
Does biological mother take cholesterol lowering medications?	Yes No	
Has the biological father had a cholesterol test?	Yes No	Results:
Does biological father take cholesterol lowering medications?	Yes No	

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Question	Answer (circle or fill in the blank)	Explanation
On average, how many days per week does your child eat breakfast?	0-1 days 2-3 days 4-5 days 6-7 days	
On average, how many days per week does your child get exercise?	0-1 days 2-3 days 4-5 days 6-7 days	
How much physical activity does your child get daily?	0-1 hours 2 hours 3 hours More than 4 hours	
Does your child participate in Physical Education (PE) at school?	Yes No	
If yes, how many days per week does your child go to PE class?	0-1 days 2-3 days 4-5 days	
How many hours per day does your child play video games?	None 1-2 hours 3-4 hours More than 4 hours	
How many hours per day does your child work on the computer?	None 1-2 hours 3-4 hours More than 4 hours	
How many hours per day does your child watch TV?	None 1-2 hours 3-4 hours More than 4 hours	
Does your child have a TV or computer in their bedroom?	Yes No	
How many hours of sleep does your child get on an average night?	2-4 hours 5-7 hours 8-9 hours More than 9 hours	
What type of milk does your child drink?	Skim milk 1% 2% Whole milk Does not drink milk	

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Question	Answer (circle or fill in the blank)	Explanation
How much milk does your child drink per day? (1 cup = 8 ounces)	None 1-2 cups 3-4 cups 5-6 cups More than 6 cups	
How much juice does your child drink per day? (1 cup = 8 ounces)	None 1-2 cups 3-4 cups 5-6 cups More than 6 cups	
How much soda does your child drink per day? (1 cup = 8 ounces)	None 1-2 cups 3-4 cups 5-6 cups More than 6 cups	
How much Kool-Aid®/Gatorade®/sports drink does your child drink per day? (1 cup = 8 ounces)	None 1-2 cups 3-4 cups 5-6 cups More than 6 cups	
How much water does your child drink per day? (1 cup = 8 ounces)	None 1-2 cups 3-4 cups 5-6 cups More than 6 cups	
During a typical week, how many times does your family eat out or get fast food to go?	None 1-2 times per week 3-4 times per week More than 4 times per week	
During a typical week, how many times does your family eat dinner together?	None 1-2 times per week 3-4 times per week More than 4 times per week	
How often does your child eat dinner while watching TV, playing a video game or using a computer or other electronic device, such as a cell phone?	None 1-2 times per week 3-4 times per week More than 4 times per week	

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Puberty age females

Please answer the questions below by circling or filling in the appropriate response.

Question	Answer (circle or fill in the blank)	Explanation
Has your child ever had a menstrual period?	Yes No	If yes, age of onset:
How long does your child's menstrual period usually last?	Less than 5 days 5-7 days More than 7 days	
What is the frequency of your child's period?	Less than monthly Monthly Longer than monthly	
What is the character of bleeding?	Light Moderate Heavy	
Does your child have pain, severe cramps or vomiting with periods?	Yes No	
Has your child ever been pregnant?	Yes No	
Does your child have severe acne?	Yes No	
Does your child have excessive facial or body hair?	Yes No	
If yes, does your child use any hair removal methods?	Wax Shave Hair remover Other	