



# OBERLIN ROAD PEDIATRICS

## Questionnaire for Health Care Visit (11-12 y.o.)

Your Name: \_\_\_\_\_

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### **CARDIOVASCULAR SCREEN:**

Have you ever fainted while exercising?	No	Yes
Do you typically cough or have shortness of breath when exercising?	No	Yes
Have you gotten aching chest pain when you exercise?	No	Yes
Has anyone in your family had a heart attack or stroke before age 55?	No	Yes
Did anyone in the family die suddenly while exercising?	No	Yes

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### **MENTAL HEALTH SCREEN (PHQ-2)**

In the past two weeks, how often have you been bothered by the following symptoms:

Feeling down, depressed, irritable, or hopeless?

Not at all	Several days	More than half the time	Nearly every day
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Little interest or pleasure in doing things?

Not at all	Several days	More than half the time	Nearly every day
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<b>Is there any immediate family history of mental health issues?</b>	No	Yes
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