

PARENT QUESTIONNAIRE

In an effort to help our office better serve families with children under two years of age, please complete this questionnaire to see if your child is at high risk for developing a severe RSV (respiratory syncytial virus) infection.

CHILD'S NAME: _____

DATE OF BIRTH: _____

1. **Was your child born more than 4 weeks early (prematurely)?**
 Yes (How many weeks?) _____
 No

2. **Was your child in the neonatal intensive care unit (NICU) after birth?**
 Yes (How many days?) _____
 No

3. **Has your child ever been re-hospitalized?**
 Yes (If yes, please explain.) _____
 No

4. **Has your child ever had any respiratory or breathing difficulties?**
 Yes (If yes, please explain.) _____
 No

5. **Does your child have a heart or lung condition?**
 Yes (If yes, please explain.) _____
 No

6. **Does your child have an immune deficiency?**
 Yes (If yes, please explain.) _____
 No

7. **Please check any of the situations listed below that may pertain to your child.**
 My child is around other children for more than 4 hours per week.
 My child attends daycare, either in the home, a center, gym or place of worship.
 My child lives with siblings or other children.
 My child is exposed to tobacco smoke, wood burning stoves or kerosene heaters.
 My child lives more than 30 miles from the nearest hospital.