

Health and Wellness Questionnaire: Parent/Caregiver

On a scale of 0-5, how true are these statements for you?

0-----1-----2-----3-----4-----5

Not at all true

Completely True

	Item	Response					
1.	I feel supported by and connected to people (family, friends) in my life.	0	1	2	3	4	5
2.	I regularly have a restful night's sleep.	0	1	2	3	4	5
3.	I regularly eat an appropriate amount of healthy food.	0	1	2	3	4	5
4.	I exercise and stay active.	0	1	2	3	4	5
5.	I feel emotionally stable, and I am usually able to cope with emotional stressors.	0	1	2	3	4	5
6.	I regularly practice mindfulness (being aware of the thoughts, feelings, and sensations happening inside you, and tuning in to the sounds, smells, and sights happening around you).	0	1	2	3	4	5
7.	I see a medical provider for annual wellness visits.	0	1	2	3	4	5
8.	I see a dentist at least once a year.	0	1	2	3	4	5

Health and Wellness Questionnaire: Child/Youth

On a scale of 0-5, how true are these statements for your child?

0-----1-----2-----3-----4-----5

Not at all true

Completely True

	Item	Response					
1.	My child feels supported by and connected to people (family, friends) in her/his life.	0	1	2	3	4	5
2.	My child is doing well at school (i.e. getting good grades, has good relationships with teachers and other students).	0	1	2	3	4	5
3.	My child regularly has a restful night's sleep.	0	1	2	3	4	5
4.	My child regularly eats an appropriate amount of healthy food.	0	1	2	3	4	5
5.	My child exercises regularly and stays active.	0	1	2	3	4	5
6.	My child feels emotionally stable and is usually able to cope with emotional stressors.	0	1	2	3	4	5
7.	My child regularly practices mindfulness (being aware of the thoughts, feelings, and sensations happening inside you, and tuning in to the sounds, smells, and sights happening around you).	0	1	2	3	4	5
8.	My child sees her/his medical provider at least once a year.	0	1	2	3	4	5
9.	My child is seen more often by her/his regular medical provider than at Urgent Care Clinics and/or Emergency Rooms.	0	1	2	3	4	5
10.	My child sees a dentist at least once a year.	0	1	2	3	4	5
11.	How many times was your child hospitalized in the last 6-months due to:						
	● Physical Injury	0	1	2	3	4	5+
	● Infection	0	1	2	3	4	5+
	● Asthma Complications	0	1	2	3	4	5+
	● Psychological/Mental Health Concern	0	1	2	3	4	5+
	● Other: _____	0	1	2	3	4	5+

Health and Wellness Questionnaire: Adolescent/Adult (Age 13+) Self-Report

On a scale of 0-5, how true are these statements for you?

0-----1-----2-----3-----4-----5

Not at all true

Completely True

	Item	Response					
1.	I feel supported by and connected to people (family, friends) in my life.	0	1	2	3	4	5
2.	I regularly have a restful night's sleep.	0	1	2	3	4	5
3.	I regularly eat an appropriate amount of healthy food.	0	1	2	3	4	5
4.	I exercise and stay active.	0	1	2	3	4	5
5.	I feel emotionally stable, and I am usually able to cope with emotional stressors.	0	1	2	3	4	5
6.	I regularly practice mindfulness (being aware of the thoughts, feelings, and sensations happening inside you, and tuning in to the sounds, smells, and sights happening around you).	0	1	2	3	4	5
7.	I see a medical provider for annual wellness visits.	0	1	2	3	4	5
8.	I see a dentist at least once a year.	0	1	2	3	4	5
9.	I am seen more often by my regular medical provider than at Urgent Care Clinics and/or Emergency Rooms.	0	1	2	3	4	5
10.	I was hospitalized in the last 6-months due to:						
	● Physical Injury	0	1	2	3	4	5+
	● Infection	0	1	2	3	4	5+
	● Asthma Complications	0	1	2	3	4	5+
	● Psychological/Mental Health Concern	0	1	2	3	4	5+
	● Other: _____	0	1	2	3	4	5+