



Dr. Dwivedi's



# KHUSHI CLINIC & HOMEOPATHY RESEARCH CENTER

Contact Helpline: 9307282052

## QUESTIONNAIRE FOR CHILDREN

### Case Record

Confidential	DATE:		REG. NO.:
	NAME		
AGE	SEX:	RELIGION:	
FATHER'S/MOTHER'S NAME			
TELEPHONE/MOBILE			
WORK PLACE/CLASS			
E-MAIL			
ADDRESS			
DIAGNOSIS			
REFFERD BY			

Any other Information to share

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*All information given is kept confidential: KHUSHI CLINIC*

*Note: Read and reply all the questions correctly and briefly.*

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**1. Does the child obey his/her parents?**

**Answer:**

**2. How does he/she fare in his/her studies? Status in class.**

(If he/she gets good marks, is it because of his/her hard work or intelligence?)

**Answer:**

**3. Does he/she participate in extra and co-curricular activities in school? List them.**

**Answer:**

**4. Does he/she maintain his/her notebooks/bag in proper order and condition?**

**5. Is he/she obstinate or yields to reasoning?**

**Answer:**

**6. Is he/she care free and easy going or serious about his/her day to day activities?**

**Answer:**

**7. Is he/she mischievous?**

**Answer:**

**8. Whether the child is active, hyperactive or slow?**

**Answer:**

**9. Does he/she like music and dance?**

**Answer:**

**10. Is he/she nervous, fearful or fearless?**

**Answer:**

**11. Is he/she timid (shy)?**

**Answer:**

**12. Does he/she cry at a petty matter?**

**Answer:**

**13. Does he/she use abusive language for his parents or friends etc? Occasional or frequently.**

**Answer:**

**14. Is he/she a spendthrift or does save his/her pocket money?**

**Answer:**

**15. How much does he/she lie?**

**Answer:**

**16. Is he/she egoistic and arrogant?**

**Answer:**

**17. What kind of things does he like to eat? (sweets, salty, sour, junk food etc)**

**Answer:**

**18. Which temperature affects him/her the most? (Hot or cold).**

**Answer:**

**19. How much does the infant/child trouble the mother? Does he/she cries all day or is playful?**

**Answer:**

**20. Does he/she stop crying after being carried or not?**

**Answer:**

**21. Is he/she afraid of strangers or can he comes together with them easily?**

**Answer:**

**22. Is he/she afraid of dark?**

**Answer:**

**23. Is he/she afraid of injections?**

**Answer:**

**24. Is he/she afraid of insects, lizards, cockroaches etc?**

**Answer:**

**25. Does he/she like to stroll about?**

**Answer:**

**26. Has he/she ever threatened to do something?**

**Answer:**

**27. How does he/she express his/her anger? (Shouts, throws objects/sits isolated etc.)**

**Answer:**

**28. Any other problem you want to share or discuss.**

**Answer:**

**29. Child's past treatments / Immunization history? Kindly attach data records.**

**Answer:**

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