

ANEMIA RISK QUESTIONNAIRE

Patient Name: _____

Date of Birth: ____ / ____ / ____

1. Has your child ever been diagnosed with iron deficiency anemia?

Yes No

2. Do you ever have trouble getting food on the table?

Yes No

3. If your child is under the age of 6 months, was your child born premature?

Yes No

4. If your child is under the age of 6 months, did your child have a low birth weight?

Yes No

5. Is your child on a strict vegetarian diet?

Yes No

6. Does your child's diet include iron-rich foods like meat, eggs, beans or iron-fortified cereals?

Yes No

7. If your child is under the age of 6 months, is your child drinking anything besides breastmilk or iron-fortified formula?

Yes No