

Student's Grade: _____

School Health Questionnaire

Over the past year some students at our school have reported some chronic symptoms that seem to go away when they return home, or on weekends and longer school breaks.

Their parents report that these symptoms sometimes come back when the children return to school.

We are polling students so that we can present the data to a committee that is investigating the issue of cellphone & WiFi use in our school to determine school policy. We ask that you fill out this questionnaire as accurately as possible and give it to: _____

_____. Thanks

Does your child report any of the symptoms below. If so, tick the box that best describes your child.	Mild	Severe	Some Times	Regularly	Upon Waking at Home	At School / After School	Better on weekend/ School Breaks	New in the last year.
1. Headaches								
2. Nausea								
3. Tremors (shaking)								
4. Dizziness								
5. Unexplained Depression								
6. Blurred Vision								
7. Difficulty Sleeping								
8. Irritability								
9. Difficulty Concentrating								
10. Fatigue								
11. Chronic Pain								
12. Erratic Heart Rate								
13. Skin Rash								
14. Hyperactivity								
15. Memory Loss								
16. Dehydration								
17. Other symptoms, such as change in behaviour. Describe:								
Is your child in a portable?	YES		NO					