Patient Treatment Consultation Questionnaire

If your child is starting growth hormone therapy for growth hormone deficiency (GHD), please print, complete, and bring this form to your child's next doctor's appointment. It can help the doctor understand how a new treatment may fit into your family's routine.

Patient name: _____ Date of birth: _ _ / _ _ / _ _ _ _

What are your child's routine and lifestyle like? (Select all that apply)

❑ My child has multiple siblings If selected, my child is the: ❑ Oldest ❑ Middle ❑ Youngest	❑ My child enjoys sleepovers
❑ Two or more of my children have been diagnosed with GHD	❑ My child attends summer camp or may do so in the future
❑ My child splits time between 2 households and/or with grandparents, extended family members, etc	❑ Our family likes to travel or go on vacation
❑ My child participates in afterschool activities	

Additional lifestyle considerations for your child and/or family: _____

How has GHD impacted your child's emotional well-being? (Select all that apply)

❑ Anxiety/depression/immaturity/lack of energy	❑ Fear of rejection or feeling different from peers
❑ Acting out/acting younger than their age/withdrawing	❑ Embarrassment from administering injections
❑ Issues with friends/teasing/bullying	

Other concerns: _____

Please note any treatment concerns that you have (Select all that apply):

❑ Anxiety, stress, or fatigue related to frequency of injections	❑ Missing or skipping injections
❑ Fear of needles	❑ Growth
❑ Pain or discomfort	❑ Managing medications supply
❑ Skin sensitivities or allergic reactions	❑ Refrigerating medication while traveling
❑ Headaches	❑ Taking multiple medications in a day
❑ Difficulty completing their injection routine due to a condition that affects their behavior and/or focus	

Who will be giving injections? ❑ Caregiver ❑ Child ❑ Both ❑ Not sure

What frequency of injections are you interested in? ❑ Daily ❑ Weekly ❑ Not sure

Is there anything else you would like to discuss with your child's care team at today's visit? _____

Caregiver printed name: _____ Date: _ _ / _ _ / _ _ _ _