

# Healthy Living Primary Care

## WELL CHILD QUESTIONNAIRE (2-3 YEARS OLD, FOR PARENT)

1. Form filled out by  Mother  Father  Patient  Other \_\_\_\_\_
2. Patient lives with  Mother  Father  Other \_\_\_\_\_
3. New medical condition(s) in the past year: \_\_\_\_\_  No Change
4. New surgical condition(s) in the past year: \_\_\_\_\_  No Change
5. New family history in the past year: \_\_\_\_\_  No Change
6. What does your child eat  breast milk  eggs  fruits  junk food; type: \_\_\_\_\_  
 vegetables  cereals  fish  juices  meats  cow's milk
7. Has your child experienced any  Constipation  gas  Urinary symptoms  diarrhea
8. Have you observed any of the following behavioral problems:  biting  stubbornness  hitting  
 throwing tantrums  waking up at night
9. What disciplinary methods do you use:  Consistency among caregivers  scolding  Ignoring tantrums  
 Spanking  time outs  praising good behavior  taking away privileges
10. Where does your child sleep:  Crib  parents' bed  own bed
11. How does your child fall asleep:  bottle is in crib  in caretaker's arms  in caretaker's arms while feeding  
 on his or her own
12. On average, how many hours does your child sleep: \_\_\_\_\_
13. Do you have any concerns with your child's sleep patterns or habits: \_\_\_\_\_
14. Is your home child-proofed:  Yes  No
15. Does anyone smoke in the home: :  Yes  No
16. Do you have working smoke alarms in the home: :  Yes  No; Working CO alarms: :  Yes  No
17. Does your child use a car seat: :  Yes  No
18. Do you enjoy spending time with your child: :  Yes  No
19. Who takes care of your child: :  parent  relative  babysitter  daycare provider
20. If your child is in daycare, how may days per week: \_\_\_\_\_; Hours per day : \_\_\_\_\_
21. If your child has siblings, how do you feel their interaction is:  Good  fair  poor