

Healthy Living Primary Care

WELL CHILD QUESTIONNAIRE (4 YEARS OLD, FOR PARENT)

Since your last examination, please update us of ANY CHANGES only:

1. Form filled out by Mother Father Patient Other _____
2. Patient lives with Mother Father Other _____
3. New medical condition in the past year: _____ No Change
4. New surgical condition in the past year: _____ No Change
5. New family history in the past year: _____ No Change
6. What does your child eat: eggs fruits junk food; type: _____
 vegetables cereals fish juices meats cow's milk
7. Do you help your child brush his or her teeth regularly: Yes No; Floss regularly: Yes No
8. When was your child's last dental exam: less than 6 months ago 6-12 months ago more than a year ago
9. Has your child experienced any Constipation gas Urinary symptoms diarrhea
10. Is your child potty trained: Not started in process complete
11. Have you observed any of the following behavioral problems: biting misbehaving with peers hitting
 misbehaving with siblings lying frequently performing poorly at school
12. What disciplinary methods do you use: Consistency among caregivers scolding Ignoring tantrums
 Spanking time outs praising good behavior taking away privileges
13. Where does your child sleep: parents' bed own bed
14. On average, how many hours does your child sleep: _____
15. Does your child snore: Yes No
16. Do you have any concerns with your child's sleep patterns or habits: _____
17. Does anyone smoke in the home: : Yes No
18. Do you have working smoke alarms in the home: : Yes No; Working CO alarms: : Yes No
19. Is there a gun in your home: Yes No
20. Does your child use a car seat: : Yes No
21. Do you enjoy spending time with your child: : Yes No
22. Who takes care of your child: : parent relative babysitter daycare provider
23. If your child is in daycare, how may days per week: _____; Hours per day : _____
24. If your child has siblings, how do you feel their interaction is: Good fair poor