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# Healthy Living Primary Care

## WELL CHILD QUESTIONNAIRE (5 YEARS OLD, FOR PARENT)

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 ☐ cereals ☐ eggs ☐ fruits ☐ junk food; type:_____
   ☐ vegetables ☐ 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. On average, how many hours does your child sleep: _____
14. Does your child snore: ☐ Yes ☐ No
15. Do you have any concerns with your child's sleep patterns or habits: _____
16. Does anyone smoke in the home: : ☐ Yes ☐ No
17. Do you have working smoke alarms in the home: : ☐ Yes ☐ No; Working CO alarms: : ☐ Yes ☐ No
18. Is there a gun in your home: ☐ Yes ☐ No
19. What grade level is your child ☐ Kindergarten ☐ 1st; School district _____
20. Does your child show any signs of a learning disability: ☐ Yes ☐ No
21. How is your child's school performance: ☐ doing well ☐ performing acceptably ☐ struggling
22. Do you enjoy spending time with your child: : ☐ Yes ☐ No
23. Who takes care of your child: : ☐ parent ☐ relative ☐ babysitter ☐ daycare provider
24. If your child is in daycare, how may days per week: _____; Hours per day :_____
25. If your child has siblings, how do you feel their interaction is: ☐ Good ☐ fair ☐ poor
26. How many hours per day of screen time do you allow: _____