

# Healthy Living Primary Care

## WELL CHILD QUESTIONNAIRE (6-8 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  cereals  eggs  fruits  junk food; type: \_\_\_\_\_  
 vegetables  fish  juices  meats  cow's milk
7. Does 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:  Yes  No; Does your child wet the bed:  Yes  No
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 out  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 \_\_\_\_\_ 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. Where does your child go after school:  home with parent  home with sibling  home with an adult  
 home alone  after school program
24. If your child has siblings, how do you feel their interaction is:  Good  fair  poor
25. How many hours per day of screen time do you allow: \_\_\_\_\_