

Healthy Living Primary Care

WELL CHILD QUESTIONNAIRE (9-11 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. 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. 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 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 _____ 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: _____