



Health Questionnaire

4 to 6 Years Old

Imprint Area

This information is CONFIDENTIAL—it will not be shared with anyone. It helps your pediatrician choose the best topics to discuss with you at this visit. Thanks!

Date:

SAFETY

- Does your child sit in a booster seat in the back seat for every car ride? Yes No
- Does your child use a helmet for all bicycling, scooter riding and skating?..... Yes No
- Do you watch your child at all times, near driveways, streets, and in parking lots? Yes No
- Do you keep a gun in your home? No Yes
- If yes, do you unload and lock up your gun when not in use? Yes No

HEALTH

- Do you brush your child's teeth every day? Yes No
- Does your child visit the dentist every year? Yes No
- Has your child had chicken pox or the chicken pox vaccine? Yes No
- Have any of your child's parents or grandparents had a heart attack or stroke before they were 55 years old? No Yes
- Does your child spend time in a home with anyone who smokes? No Yes
- Does your child receive health care from anyone besides a medical doctor (such as an acupuncturist, herbalist, curandero, or other healer)? No Yes

PREVENTING WEIGHT PROBLEMS

- Do you offer your child 5 servings of fruits and vegetables every day? Yes No
- Do you limit crackers, chips, sweets, and juice/soda (to less than 6 ounces/day)? Yes No
- Do you limit TV and video games to 1 hour per day or less?..... Yes No
- Does your child have a TV in his/her bedroom?..... No Yes
- Are you concerned about your child's weight? No Yes

PREVENTING TUBERCULOSIS (TB)

- Has anyone who lives in your house, or a babysitter or housecleaner ever had a positive TB skin test or active TB? No Yes
- Have you or anyone who lives in your house recently traveled outside the U.S. to a developing country (Central or South America, Asia, or Africa)? No Yes
- Has your child ever received BCG (A TB vaccine sometimes given in foreign countries)? No Yes
- Has your family ever lived in a homeless shelter? No Yes
- Was your child or another household member born outside the U.S.?..... No Yes
- Has your child lived outside the U.S. for more than one month? No Yes
- Is there anything you would like to discuss today?.....

Parent Signature: