Well child

Pre-visit questionnaire

2 year valid 23m 0d – 28m 31d

General

1.	List any concerns you want to discuss today:		
2.	Does your child have screen time (smartphone, tablet, TV) more than 1 hour daily?	No	Yes
3.	Does your child have access to screens in their bedroom?	No	Yes
4.	Do you play with your child every day?	Yes	No
5.	Does your child play actively for at least one hour per day? (Examples: running with other kids, hide and seek, riding a bicycle/tricycle.)	Yes	No
6.	Does your child sleep through the night?	Yes	No
7.	Does your child snore more than a little?	No	Yes

Nutrition

8.	How many cups of milk is your child drinking per day?		
9.	Is your child eating 5 or more servings of fruits and vegetables daily?	Yes	No
10.	Does your child eat junk food more than 2-3 times a week? (Examples: candy, chips, cookies, sweet cereal, fast food.)	No	Yes
11.	Does your child drink juice or other sweetened drinks more than 1-2 times per week?	No	Yes
12.	Does your child still drink from a bottle?	No	Yes
13.	Does your child have any problems with bowel movements (going poop)?	No	Yes

Oral health

14.	Is your child seeing a dentist? (If so, skip to the next section.)	Yes	No
	If not…		
	a. *Has any caregiver had cavities/dental decay in the past year?*	No	Yes
	b. *Does your child drink something other than water from a cup continually and/or snack frequently throughout the day?*	No	Yes

c. *Does your water contain fluoride or is your child on a fluoride supplement?*	Yes	No	Not sure
d. *Do you brush your child's teeth with a fluoride-containing toothpaste (size of a grain of rice) twice daily?*	Yes	No	

Lead

15. Is your child regularly in a house built before 1978?	No	Yes	
16. Does your child have a brother, sister or playmate who ever had lead poisoning?	No	Yes	

Tuberculosis

17. Is your child at risk for infection with tuberculosis? (Includes children born in Africa, Asia, Latin America, or eastern Europe; children who have stayed with family in one of those places for more than a week, or if exposed to anyone with active TB.)	No	Yes	Not sure

Safety checklist

Check all that apply.

	True	I have questions
18. My child rides in a 5-point harness car seat.	☐	☐
19. My child wears a helmet when on a tricycle or bicycle.	☐	☐
20. The crib mattress is at the lowest position.	☐	☐
21. There is a fence with a secure gate preventing our child from accessing the pool/lake/river near our home (or there is no pool, lake or river nearby).	☐	☐
22. Our gun is locked up, with the ammunition separate (or we don't have a gun).	☐	☐

SWYC

Survey of Well-Being in Young Children

24 month

valid 23m 0d – 28m 31d

Developmental milestones

Most children at this age will be able to do some (but not all) of the developmental tasks listed below. Please tell us how much your child is doing each of these things. Please be sure to answer all the questions.

Adapted from SWYC, 24 months

		Not yet	Somewhat	Very much
23.	*Names at least 5 body parts, like "nose," "hand," or "tummy"*	☐	☐	☐
24.	*Climbs up a ladder at a playground*	☐	☐	☐
25.	*Uses words like "me" or "mine"*	☐	☐	☐
26.	*Jumps off the ground with two feet*	☐	☐	☐
27.	*Puts 2 or more words together, like "more water" or "go outside"*	☐	☐	☐
28.	*Uses words to ask for help*	☐	☐	☐
29.	*Names at least one color*	☐	☐	☐
30.	*Tries to get you to watch by saying "Look at me"*	☐	☐	☐
31.	*Says his or her first name when asked*	☐	☐	☐
32.	*Draws lines*	☐	☐	☐

PPSC — Preschool Pediatric Symptom Checklist

These questions are about your child's behavior. Think about what you would expect of other children the same age, and tell us how much each statement applies to your child.

		Not at all	Somewhat	Very much
Does your child...	33. Seem nervous or afraid?	☐	☐	☐
	34. Seem sad or unhappy?	☐	☐	☐
	35. Get upset if things are not done a certain way?	☐	☐	☐
	36. Have a hard time with change?	☐	☐	☐
	37. Have trouble playing with other children?	☐	☐	☐
	38. Break things on purpose?	☐	☐	☐

PPSC — Preschool Pediatric Symptom Checklist		Not at all	Somewhat	Very much
	39. Fight with other children?	☐	☐	☐
	40. Have trouble paying attention?	☐	☐	☐
	41. Have a hard time calming down?	☐	☐	☐
	42. Have trouble staying with one activity?	☐	☐	☐
Is your child…	43. Aggressive?	☐	☐	☐
	44. Fidgety or unable to sit still?	☐	☐	☐
	45. Angry?	☐	☐	☐
Is it hard to…	46. Take your child out in public?	☐	☐	☐
	47. Comfort your child?	☐	☐	☐
	48. Know what your child needs?	☐	☐	☐
	49. Keep your child on a schedule or routine?	☐	☐	☐
	50. Get your child to obey you?	☐	☐	☐

POSI — Parent's Observations of Social Interactions	Many times a day	A few times daily	A few times a week	Less than once a week	Never
51. Does your child bring things to you to show them to you?	☐	☐	☐	☐	☐

	Always	Usually	Sometimes	Rarely	Never
52. Is your child interested in playing with other children?	☐	☐	☐	☐	☐
53. When you say a word or wave your hand, will your child try to copy you?	☐	☐	☐	☐	☐
54. Does your child look at you when you call his or her name?	☐	☐	☐	☐	☐

	Always	Usually	Sometimes	Rarely	Never
55. Does your child look if you point to something across the room?	☐	☐	☐	☐	☐
56. How does your child *usually* show you something he or she wants? *(Circle all that apply.)*	Says a word for what he or she wants	Points to it with one finger	Reaches for it	Pulls me over or puts my hand on it	Grunts, cries or screams
57. What are your child's favorite play activities? *(Circle all that apply.)*	Playing with dolls or stuffed animals	Reading books with you	Climbing, running and being active	Lining up toys or other things	Watching things go round, like fans or wheels

Parent concerns

	Not at all	Somewhat	Very much
58. Do you have concerns about your child's learning or development?	☐	☐	☐
59. Do you have any concerns about your child's behavior?	☐	☐	☐

Family questions

Because family members can have a big impact on your child's development, please answer a few questions about your family below:

	No	Yes
60. Does anyone who lives with your child smoke tobacco?	☐	☐
61. In the last year, have you ever drunk alcohol or used drugs more than you meant to?	☐	☐
62. Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?	☐	☐
63. Has a family member's drinking or drug use ever had a bad effect on your child?	☐	☐

	Never true	Sometimes true	Often true
64. Within the past 12 months, we worried whether our food would run out before we got money to buy more.	☐	☐	☐

Over the past two weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
65. Having little interested or pleasure in doing things?	☐	☐	☐	☐
66. Feeling down, depressed or hopeless?	☐	☐	☐	☐

	No tension	Some tension	A lot of tension	Not applicable
67. In general, how would you describe your relationship with your spouse/partner?	☐	☐	☐	☐

	No difficulty	Some difficulty	Great difficulty	Not applicable
68. Do you and your partner work out arguments with:	☐	☐	☐	☐

69. During the past week, how many days did you or other family members read to your child?

0 1 2 3 4 5 6 7