

General

- | | | |
|---|-----|-----|
| 1. List any concerns you want to discuss today: | | |
| 2. Does your child have screen time (smartphone, tablet, TV) more than 2 hours daily? | No | Yes |
| 3. Does your child have access to screens in their bedroom? | No | Yes |
| 4. Does your child play actively for at least one hour per day? | Yes | No |
| 5. Does your child sleep 10 to 13 hours per day (nighttime plus naps)? | Yes | No |
| 6. Does your child snore more than a little? | No | Yes |
| 7. Do you have any concerns about learning or behavior? | No | Yes |

Nutrition

- | | | |
|---|-----|-----|
| 8. Is your child eating 5 or more servings of fruits and vegetables daily? | Yes | No |
| 9. Does your child eat junk food more than 2-3 times a week?
(Examples: candy, chips, cookies, sweet cereal, fast food.) | No | Yes |
| 10. Does your child drink juice or other sweetened drinks more than 1-2 times per week? | No | Yes |
| 11. Are you worried about your child's weight? | No | Yes |
| 12. Does your child have regular, soft bowel movements (poop)? | Yes | No |

Oral health

- | | | |
|--|-----|----|
| 13. Does your child see a dentist at least 2 times a year? | Yes | No |
|--|-----|----|

Social stressors

- | | | | |
|---|-------|-----------|-------|
| 14. Are you having any family stress? | No | Yes | |
| 15. Within the past 12 months have you worried that your food would run out before you got money to buy more? | Never | Sometimes | Often |

Tuberculosis

- | | | | |
|--|----|-----|----------|
| 16. 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

- | | | |
|--|--------------------------|--------------------------|
| 17. My child rides in a forward-facing safety seat, in the back seat. | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. My child wears a helmet when biking, skating, skiing or snowboarding. | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. We apply sunscreen if out in the sun for longer than 15-30 minutes. | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. We have a home fire escape plan. | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Our gun is locked up, with the ammunition separate (or we don't have a gun). | <input type="checkbox"/> | <input type="checkbox"/> |

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, 48 months

Not yet

Somewhat

Very much

- | | | | | |
|-----|--|--------------------------|--------------------------|--------------------------|
| 22. | <i>Tells you a story from a book or TV</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. | <i>Draws simple shapes — like a circle or square</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. | <i>Says words like "feet" for more than one foot and "men" for more than one man</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. | <i>Uses words like "yesterday" and "tomorrow" correctly</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. | <i>Stays dry all night</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. | <i>Follows simple rules when playing a board game or card game</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. | <i>Prints his or her name</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. | <i>Draws pictures you recognize</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. | <i>Stays in the lines when coloring</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. | <i>Names the days of the week in the correct order</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |