

General

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| 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. 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. Do you read to your child most days? | Yes | No |

Nutrition

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| 7. Is your child eating 5 or more servings of fruits and vegetables daily? | Yes | No |
| 8. Does your child eat junk food more than 2-3 times a week? (Examples: candy, chips, cookies, sweet cereal, fast food.) | No | Yes |
| 9. Does your child drink juice or other sweetened drinks more than 1-2 times per week? | No | Yes |
| 10. Are you worried about your child's weight? | No | Yes |
| 11. Does your child have regular, soft bowel movements (poop)? | Yes | No |

Oral health

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| 12. Does your child see a dentist at least 2 times a year? (If so, skip to the next section.) | Yes | No |
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If not...

- | | | | |
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| 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 (pea-sized amount) twice daily? | Yes | No | |

Social stressors

13. Are you having any family stress?	No	Yes	
14. Is there someone in your life that hurts you or your children?	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

Lead

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

Tuberculosis

18. 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
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Safety checklist

Check all that apply.

	True	I have questions
19. My child rides in a 5-point harness car seat.	<input type="checkbox"/>	<input type="checkbox"/>
20. My child wears a helmet when on a tricycle or bicycle.	<input type="checkbox"/>	<input type="checkbox"/>
21. We apply sunscreen if out in the sun for longer than 15-30 minutes.	<input type="checkbox"/>	<input type="checkbox"/>
22. 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).	<input type="checkbox"/>	<input type="checkbox"/>
23. 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, 36 months

	Not yet	Somewhat	Very much
24. Talks so other people can understand him or her most of the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Washes and dries hands without help (even if you turn on the water)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Not yet	Somewhat	Very much
26.	<i>Asks questions beginning with "why" or "how" — like "Why no cookie?"</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27.	<i>Explains the reasons for things, like needing a sweater when it's cold</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28.	<i>Compares things — using words like "bigger" or "shorter"</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29.	<i>Answers questions like "What do you do when you are cold?" or "...when you are sleepy?"</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30.	<i>Tells you a story from a book or TV</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31.	<i>Draws simple shapes — like a circle or square</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32.	<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"/>
33.	<i>Uses words like "yesterday" and "tomorrow" correctly</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>