

Health Information Update (5 Years Old)

INTAKE

How many ounces of milk does your child drink/day? _____ Ounces What kind? _____

Does your child drink milk with meals? Yes No

How many meals per day does your child eat? _____ How many snacks per day? _____

How many servings/**DAY** does your child have of: _____ Cheese/Yogurt _____ Fruits _____ Veggies

How many servings/**DAY** does your child have of: _____ Whole Grains _____ Grains

How many servings/**WEEK** does your child have of: _____ Red Meat _____ White Meat

How many servings/**WEEK** does your child have of: _____ Fish _____ Eggs _____ Peanut butter _____ Beans

How many ounces/**DAY** does your child have of: _____ Juice _____ Pop

How often does your child eat sweets? 15 >x/wk 8-14x/wk <8x/wk

OUTPUT

How many stools does your child have per week? _____ What is the consistency? _____

Does your child hold his/her stool? Yes No

Is your child toilet trained during the day? Yes No At night? Yes No

SLEEP

Do you have a bedtime routine? Yes No Do you read to your child before bed? Yes No

Is there a TV or computer in your child's room? Yes No

Does your child watch the screen or play on a computer before or at bedtime? Yes No

Bedtime _____ pm Wake time _____ am

Does your child have any sleep problems? Yes No If yes, explain _____

SAFETY

What does your child ride in? Booster None

Wear a helmet? Yes No What does your child use a helmet for? _____

CHILDCARE/SCHOOL

Who is with your child most of the time? Mom Dad Babysitter Family member

What grade? _____ Name of preschool/school: _____

How often? Full day Half day

BEHAVIOR/DEVELOPMENT

Describe your child's temperament (happy, calm, etc.) _____

How do you discipline your child when needed? _____

OTHER

How many hours of screen time does your child watch/day? _____

How many times per day does your child brush his/her teeth? _____ Floss teeth? _____ Times/week

When was your child's last visit to the dentist? _____

Any cavities ever? Yes No Any cavities in the last year? Yes No




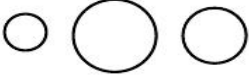

What is your water source? City Community well Personal well Bottled water

Do you drink the tap water? Yes No

List any medications or vitamins/supplements your child takes: _____

Do you need any medication refills? _____

Concerns? _____

Ages and Stages - 60 Month	Yes	Sometimes	Not Yet
Communication			
1. Without you giving help by pointing or repeating directions, does your child follow three directions that are unrelated to one another? Give all three directions before your child starts. For example, you may ask your child, "Clap your hands, walk to the door, and sit down," or "Give me the pen, open the book, and stand up."			
2. Does your child use four- and five-word sentences? For example, does your child say, "I want the car"?			
3. When talking about something that already happened, does your child use words that end in "-ed," such as "walked," "jumped," or "played"? Ask your child questions, such as "How did you get to the store?" ("We walked.") "What did you do at your friend's house?" ("We played.")			
4. Does your child use comparison words, such as "heavier," "stronger," or "shorter"? Ask your child questions, such as "A car is big, but a bus is " (bigger); "A cat is heavy, but a man is " (heavier); "A TV is small, but a book is " (smaller).			
5. Does your child answer the following questions? (Mark "sometimes" if your child answers only one question.) "What do you do when you are hungry?" (Acceptable answers include "get food," "eat," "ask for something to eat," and "have a snack.") "What do you do when you are tired?" (Acceptable answers include: "take a nap " "rest " "go to sleep " "go to bed " "lie down ")			
6. Does your child repeat the sentences shown below back to you, without any mistakes? (Read the sentences one at a time. You may repeat each sentence one time. Mark "yes" if your child repeats both sentences without mistakes or "sometimes" if your child repeats one sentence without mistakes.) "Jane hides her shoes for Maria to find." "Al read			
Gross Motor			
1. While standing, does your child throw a ball overhand in the direction of a person standing at least 6 feet away? To throw overhand, your child must raise his arm to shoulder height and throw the ball forward. (Dropping the ball or throwing the ball underhand should be coded as "not yet.")			
2. Does your child catch a large ball with both hands? (You should stand about 5 feet away and give your child two or three tries before you mark the answer.)			
3. Without holding onto anything, does your child stand on one foot for at least 5 seconds without losing her balance and putting her foot down? (You may give your child two or three tries before you mark the answer.)			
4. Does your child walk on his tiptoes for 15 feet (about the length of a large car)? (You may show him how to do this.)			
5. Does your child hop forward on one foot for a distance of 4-6 feet without putting down the other foot? (You may give him two tries on each foot. Mark "sometimes" if she can hop on one foot only.)			
6. Does your child skip using alternating feet? (You may show him how to do this.)			
Fine Motor			
1. Ask your child to trace on the line below with a pencil. Does your child trace on the line without going off the line more than two times? (Mark "sometimes" if your child goes off the line three t )			
2. Ask your child to draw a picture of a person on a blank sheet of paper. You may ask your child, "Draw a picture of a girl or a boy." If your child draws a person with head, body, arms, and legs, mark "yes." If your child draws a person with only three parts (head, body, arms, or legs), mark "sometimes." If your child draws a person with two or fewer parts (head, body, arms, or			
3. Draw a line across a piece of paper. Using child-safe scissors, does your child cut the paper in half on a more or less straight line, making the blades go up and down?			
4. Using the shapes below to look at, does your child copy the shapes in the space below without tracing? (Your child's drawings should look similar to the design of the shapes below, but they may be different in size. Mark "yes" if she copies all three shapes; mark "sometimes" if your child copies two sl 			
5. Using the letters below to look at, does your child copy the letters without tracing? Cover up all of the letters except the letter being copied. (Mark "yes" if your child copies four of the letters and you can read them. Mark "sometimes" if your child copies two or three letters and you can read them.)			
6. Print your child's first name. Can your child copy the letters? The letters may be large, backward, or reversed. (Mark "sometimes" if your child copies about half of the lette 			
Problem Solving			
1. When asked, "Which circle is smallest?" does your child point to the smallest circle? (Ask this question without providing help by pointing, gesturing, or looking at the smallest circle.) 			
2. When shown objects and asked, "What color is this?" does your child name five different colors like red, blue, yellow, orange, black, white, or pink? (Mark "yes" only if your child answers the question correctly using five colors.)			
3. Does your child count up to 15 without making mistakes? If so, mark "yes." If your child counts to 12 without making mistakes, mark "sometimes."			
4. Does your child finish the following sentences using a word that means the opposite of the word that is italicized? For example: "A rock is hard, and a pillow is <i>soft</i> ." "A cow is big, and a mouse is _____", "Ice is cold, and fire is _____", "We see stars at night, and we see the sun during the _____", "When I throw the ball up, it comes " _____ " (Mark "yes" if he finishes three of four sentences correctly. Mark "sometimes" if he finishes two of four sentences correctly.)			
5. Does your child know the names of numbers? 			
6. Does your child name at least four letters in her name? Point to the letters and ask, "What letter is this?"			
Personal-Social			
1. Can your child serve himself, taking food from one container to another, using utensils? For example, does your child use a large spoon to scoop applesauce from a jar into a bowl?			
2. Does your child wash her hands and face using soap and water and dry off with a towel without help?			
3. Does your child tell you at least four of the following? Please mark the items your child knows. "First name", "Age", "City he lives in", "Last name", "Boy or girl", "Telephone number"			
4. Does your child dress and undress himself, including buttoning medium-size buttons and zipping front zippers?			
5. Does your child use the toilet by herself? (She goes to the bathroom, sits on the toilet, wipes, and flushes.) Mark "yes" even if she does this after you remind her.			
6. Does your child usually take turns and share with other children?			