

Health Information Update (4 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

- Where does your child sleep? Parent's room Own room Room with sibling
- 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 nap? Yes No
- Does your child have any sleep problems? Yes No If yes, explain _____

SAFETY

- Does your child ride in a 5-point harness car seat? Yes No Wears a helmet? Yes No
- What does your child wear a bike helmet for? _____

CHILDCARE/SCHOOL

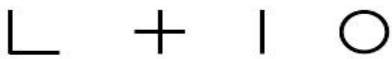
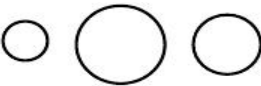
- Who is with your child most of the time? Mom Dad Babysitter Family member
- Does your child attend daycare, preschool, etc.? _____
- How often? Full day Half day

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 - 48 Month	Yes	Sometimes	Not Yet
Communication			
1. Does your child name at least three items from a common category? For example, if you say to your child, "Tell me some things that you can eat", does your child answer with something like "cookies, eggs, and cereal"? Or if you say, "Tell me the names of some animals", does your child answer with something like "cow, dog, and elephant"?			
2. 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",			
3. Does your child tell you at least two things about common objects? For example, if you say to your child, "Tell me about your ball", does she say something like, "It's round. I throw it. It's big."			
4. Does your child use endings of words, such as "-s", "-ed", and "-ing"? For example, does your child say things like, "I see two cats", "I am playing", or "I kicked the ball"?			
5. Without you giving help by pointing or repeating, 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."			
6. Does your child use all of the words in a sentence (for example, "a", "the", "am", "is", and "are") to make complete sentences, such as "I am going to the park," or "Is there a toy to play with?" or "Are you coming, too?"			
Gross Motor			
1. 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.)			
2. Does your child climb the rungs of a ladder of a playground slide and slide down without help?			
3. 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 scored as "not yet".)			
4. Does your child hop up and down on either the right or left foot at least one time without losing her balance or falling?			
5. Does your child jump forward a distance of 20 inches from a standing position, starting with his feet together?			
6. 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.)			
Fine Motor			
1. Does your child put together a five- to seven-piece interlocking puzzle? (If one is not available, take a full-page picture from a magazine or catalog and cut it into six pieces. Does your child put it back together correctly?)			
2. Using child-safe scissors, does your child cut a paper in half on a more or less straight line, making the blades go up and down? (Carefully watch your child's use of scissors for safety reasons.)			
3. Using the shapes below to look at, does your child copy at least three shapes onto a large piece of paper using a pencil, crayon, or pen, without tracing? Your child's drawings should look similar to the design of the shapes below, but they may be different in size.)			
			
4. Does your child unbutton one or more buttons? (Your child may use his own clothing or a doll's clothing.)			
5. Does your child draw pictures of people that have at least three of the following features: head, eyes, nose, mouth, neck, hair, trunk, arms, hands, legs, or feet?			
6. Does your child color mostly within the lines in a coloring book or within the lines of a 2-inch circle that you draw? (Your child should not go more than 1/4 inch outside the lines on most of the picture.)			
Problem Solving			
1. When you say, "Say five eight three", does your child repeat just the three numbers in the same order? Do not repeat the numbers. If necessary, try another series of numbers and say, "Say six nine two". (Your child must repeat just one series of three numbers for you to answer "yes" to this question.)			
2. When asked, "Which circle is the smallest? Does your child point to the smallest circle? (Ask this question without providing help by point, gesturing, or looking at the smallest circle.)			
			
3. Without you giving help by pointing, does your child follow three different directions using the words "under", "between", and "middle"? For example, ask your child to put the shoe "under the couch." Then ask her to put the ball "between the chairs" and the book "in the middle of the table."			
4. 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.)			
5. Does your child dress up and "play-act", pretending to be someone or something else? For example, your child may dress up in different clothes and pretend to be a mommy, daddy, brother, or sister, or an imaginary animal or figure.			
6. If you place five objects in front of your child, can he count them by saying, "one, two, three, four, five" in order? (Ask this question without providing help by pointing, gesturing, or naming.)			
Personal-Social			
1. Does your child serve herself, 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 tell you at least four of the following? First name, age, city she lives in, last name, boy or girl, telephone			
3. Does your child wash his hands using soap and water and dry off with a towel without help?			
4. Does your child tell you the names of two or more playmates, not including brothers and sisters? (Ask this question without providing help by suggesting names of playmates or friends.)			
5. Does your child brush her teeth by putting toothpaste on the toothbrush and brushing all of her teeth without help? (You may still need to check and rebrush your child's teeth.)			
6. Does your child dress or undress himself without help (except for snaps, buttons, and zippers)?			