

Health & Nutrition Questionnaire  
Preschooler: 3 and 4 years old

Staff use only:

Child's name: \_\_\_\_\_ Child's Age: \_\_\_\_\_

At today's visit, we will talk about:

- \* How your child is eating
- \* Ways to keep your child healthy
- \* How your child is growing
- \* Questions you may have

**Please answer the following questions:**

When was your child's last regular check-up at the doctor? \_\_\_\_\_

Has there been any change in your child's health since your last WIC visit?

- No
- Yes: \_\_\_\_\_
- Not on WIC before

My child is growing:

- Too slow
- Just enough
- Too fast

Do you give your child any of the following?

- Iron  No  Yes
- Fluoride  No  Yes
- Children's vitamins  No  Yes
- Medication  No  Yes: \_\_\_\_\_

Has your child seen a dentist in the past 6 months?

- No
- Yes
- I would like to find a dentist

Does your child have a cavity that needs to be filled?

- No
- Yes
- Don't know

About how many hours did your child sit and watch television or videos yesterday?

- <1 hour<sub>0</sub>
- 1 hour
- 2 hours
- 3 hours
- 4 hours
- 5 or more hours
- None<sub>6</sub>

Do you usually turn off the TV at mealtimes?

- No
- Yes

How often is your child around someone who smokes (includes home, childcare and car)?

- Never
- 3 days per week or less
- 4 days per week or more
- Person only smokes outside

Over Please.....

♣ Date: \_\_\_\_\_  
♣ Medical home: Y N  
Provider: \_\_\_\_\_

Dental home: Y N  
IZ utd: Y N  
 request

♣ Growth pattern:  
**01 02 03 04 06 07 08**

♣ Hgb value shared: Y N n/a

♣ Health/medical  
**10 11 13 14 15 16 17**  
**18 19 31 32 33 34 35**  
**36 37 38 39 40 41 43**

Family support:  
90 92 96 97

How would you describe your child's usual daily activity: (check one)  
 Very active (plays actively *outside* 2 or more hours per day)  
 Moderately active (plays actively *inside* and *outside* 2 hours per day)  
 Somewhat active (plays actively *inside* 1 to 2 hours per day)  
 Not very active (plays mostly inside)

My child's appetite is:  
 Great    Good    Fair    Little or no appetite

My child eats with the family:  
 Always    Most of the time    Sometimes    Rarely

My child eats: \_\_\_\_\_ # meals each day   \_\_\_\_\_ # snacks each day

My child drinks from a:  
 Cup    Sippy cup    Bottle

My child drinks: (check all that apply)  
 Milk    100% Juice    Water  
 Fruit punch    Soda or Pop    Sports drinks  
 Other drinks: \_\_\_\_\_

What is your child's favorite food? \_\_\_\_\_

What food or food group is challenging for your child? \_\_\_\_\_

From the following list, check any foods your child eats:

- Nuts    Popcorn    Hard candy
- Grapes    Raisins    Hotdogs
- None of these

Does your child ever eat anything that is not food like clay, paint chips, soil, etc?

- No
- Yes

I know my child wants to eat when he or she:

\_\_\_\_\_

I know my child is full when he or she:

\_\_\_\_\_

I would like to learn more about.....

- Getting my preschooler to try new foods
- Ways to stretch my food dollar
- Family meals
- Taking care of my preschooler's teeth
- Play groups in my area
- Food resources in my area
- Preventing overweight
- Other: \_\_\_\_\_

Vermont WIC Program

♣ Nutrition practices:  
66 88 89.\_\_\_\_

♣ Topics discussed:

♣ Ed materials given:

- None
- MyPlate Daily Food Plan
- Healthy Eating Magazine
- Family Meals
- Vegetables & Fruits
- Learning & Growing
- Activity Pyramid
- Fit WIC Activity Book
- Dental information
- Other:

♣ Referrals:

- None
- CIS..... Declined
- Provider/medical home
- Other:

♣ Parent's SMART plan for child is:

♣ Next steps:

- Invited to group/nutrition activity:
- Other:

**INCP**

- Phone call in \_\_\_\_\_ weeks
- Weight check \_\_\_\_\_ WIC \_\_\_\_\_ MD
- Appt with \_\_\_\_\_ Nutritionist \_\_\_\_\_ Nurse
- Other:

♣ Food package:     D     F  
Omissions:

♣ Staff signature & Title

