**Kiddie West Pediatric Center**
4766 W. Broad Street
Columbus, OH 43228
614-851-7337

# 5 Year Questionnaire For Parents

| Patient Name | Date of Birth | Age |
|---|---|---|
| | | |

## GENERAL HEALTH AND NUTRITION

1. Do you have any concerns about any of the following for your child? …… ... Y N
   Height Weight Vision Hearing Sleeping Eating
2. Does your child get at least 5 servings of fruits/vegetables most days? ..... Y N
3. Does your child get less than 2 hours of TV, movies or computer time per day? ..... Y N
4. Does your child get at least 1 hour of active play each day? …… Y N
5. Does your child drink sweetened drinks like pop or juice? ..... Y N
6. Does your child regularly eat breakfast? ..... Y N
7. How many times in a week does your child eat fast food? .. _____
8. Has your child been to a dentist this past year? ..... Y N
9. Do you consider your child ready to attend school? ..... Y N
10. Is your child attending pre-school or kindergarten? ..... Y N
    If yes, has the teacher expressed any concerns about your child? ..... Y N
11. Do you have any concerns about how to discipline your child? ..... Y N
12. Has your child had any injuries since last visit? ..... Y N

## SAFETY

13. Does your child always use a car seat (or booster seat if appropriate) in the back seat? ..... Y N
14. Does your child spend time with anyone that smokes? ..... Y N
15. Is there a gun in your home? …… ..... Y N
    If yes, is it locked?. ..... Y N
16. Do you have smoke alarms and carbon monoxide detectors in your home? ..... Y N
17. Has your child had swimming lessons? ……..... Y N
18. Does your child use a helmet when rollerblading, skateboarding or when riding a bike, scooter, ATV or snowmobile? ..... Y N
19. Do you have any concerns regarding conflict or violence that your child might be exposed to? ……..... Y N
20. Do you have any concerns regarding the use of alcohol or drugs by anyone caring for your child? ……..... Y N

## SOCIAL

21. Are there any new stresses or recent changes impacting your family ( job change, move, divorce, illness)? ..... Y N

## TB RISK

22. Does your child live with, or have a greater than once a week contact with an adult with known tuberculosis? ..... Y N
23. Is your child a recent adoptee from an area that has a high frequency of tuberculosis? (Asia, Middle East, Africa, or Latin America) ..... Y N
24. Has your child tested positive for the AIDS virus? ..... Y N

| Parent / Guardian Signature and Date | Provider Signature and Date |
|---|---|
| | |

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25. Is your child exposed on a regular basis (more than twice a week) to anyone infected with AIDS; homeless; in a nursing home, prison or group home; or IV drug user? ..... Y N
26. Is your child living in a home with foster children or is he/she a foster child? ..... Y N
27. Did you (parent) or anyone else your child lives with, move in the last five years from anywhere in Asia, Middle East, Africa or Latin America? ..... Y N
28. Does your child have any of the following chronic medical problems: diabetes, renal (kidney) failure, or malnutrition? …….. Y N

## FAMILY MEDICAL HISTORY

29. Has a parent, grandparent, aunt/uncle or sibling had a Heart attack (MI), angina, CABG/stent/angioplasty or stroke when they were under age 55 for males or age 65 for females? ……..... Y N
30. Has a parent had elevated cholesterol / triglycerides ..... Y N
31. Has a parent had a total cholesterol more than 240 or known lipid disorder ..... Y N
32. Has any blood relative on either side of the family had:

(If yes, please write who it is/was)

__ Alcoholism/drug abuse _____
__ Allergies / Hay fever _____
__ Asthma _____
__ Cancer _____
__ Diabetes _____
__ Depression / Mental Illness _____
__ Digestive problems _____
__ High blood pressure _____
__ Kidney problems _____
__ Physical / sexual abuse _____
__ Seizures / Epilepsy _____
__ Sudden death prior to age 40 _____
__ Thyroid problems _____
__ Tobacco use _____

***Please list below any questions or concerns that you would like to talk about today.***

_____

_____

_____

| Parent / Guardian Signature and Date | Provider Signature and Date |
|---|---|
| | |