Physicians at Sugar Creek
An Affiliate of MEMORIAL HERMANN

14023 Southwest Freeway
Sugar Land, TX 77479
218.325.4100

3 year Well Child Exam Form

HEALTH HISTORY

Do you have any questions or concerns about your child's health that you would like to discuss today?

_____

_____

_____

What is your child's health Status? **Good Fair Poor**

Has your child been to the emergency room in the past 12 months: **Yes No**

If yes, list why: _____

Has your child been treated in the hospital in the past 12 months? **Yes No**

If yes, list why: _____

Has your child ever had any reactions to vaccines / immunizations: **Yes No**

Has your child seen a dentist in the last 6 months: **Yes No**

How many times a day does your child brush their teeth? ___ How many times a day do they floss? ___

HOME and FAMILY

Who does the child live with: _____ How many brothers and sisters does he/she have? _____

What do you live in? _____ How many bedrooms are in your home? _____

Does your child share a bedroom: **Yes No** Does anyone in the home smoke? **Yes No**

Is your child's Father Involved in his/her care? **Yes No**

How is your child's relationship with his brothers and/or sisters? **Good Fair Poor N/A, only child**

What type of discipline is used in the home: **Verbal Time-out Spanking Other: _____**

Is there any history of abuse: **Yes No** Is there any history of neglect? **Yes No**

Does anyone in home use drugs: **Yes No** Is there a history of domestic violence? **Yes No**

Has CPS ever been to your home? **Yes No** If yes, is your CPS case still open? **Yes No**

Has your child ever been in foster care? **Yes No** If yes, how many times? _____

Are you feeling stressed? **Yes No**

Do you have pets in the home: **Yes No** If yes, what type? _____

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GENERAL HEALTH

Does your child eat from all four food groups including fruit and vegetables? **Yes No**

What type of milk does he/she drink? **Whole 2% 1% Fat free Lactose free Soy**

What else does he/she drink and how many glasses a day does he/she drink? **___ Glasses of juice**

___ Glasses of water ___ glasses of caffeinated soda or tea ___ glasses of decaffeinated soda or tea

Does your child have any problems using the bathroom? (bowel movements or urinating) **Yes No**

Is he/she toilet trained? **Yes No In process**

Does he/she have any problems sleeping? **Yes No** If yes, what kind of problems? _____

Check Activities he/she participates in: ☐ Outdoor play ☐ Likes to be read to ☐ Playgroup

How many hours a day does your child watch TV?_____

Does he/she play on a computer at home: **Yes No** Or video games at home? **Yes No**

Does your child have friends? **Yes No** If yes, **many friends** or **just a few** ?

Does your child attend school? **Yes No**

What type of child care does your child have? (circle all that apply) **At home with parent/guardian**

stays with a : relative babysitter daycare early intervention

Do you have any concerns about:

your child's development? **Yes No**

your child's behavior? **Yes No**

HEARING

Does your child notice different sounds (telephone ringing, shouting, doorbell) **Yes No**

Does your child answers different types of questions ("When…", "Who…", "What…") **Yes No**

VISION

Do you have any concerns about how your child sees **Yes No**

Check off each task that your child is able to do:

- ☐ Balance on each foot for 1 second
- ☐ Broad jump
- ☐ Pedals tricycle
- ☐ Jumps well
- ☐ Imitates drawing vertical line
- ☐ Stacks 8 items
- ☐ Washes hands
- ☐ Puts on shirt
- ☐ Copies circle
- ☐ Copies square
- ☐ Speaks clearly
- ☐ Names 4 pictures
- ☐ Knows 2 adjectives

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- ☐ Knows 2 actions
- ☐ Recognizes 3-4 colors
- ☐ Uses plurals
- ☐ Gives first and last name
- ☐ Knows gender
- ☐ Names friends
- ☐ Plays interactive games
- ☐ Separates easily from parents
- ☐ Dresses self

GENERAL SAFETY

Does your child always use a car seat? **Yes No**

Do you have these things in your home:

Smoke detector **Yes No**

Carbon monoxide detector **Yes No**

Fire extinguisher **Yes No**

FAMILY HISTORY:

Is there any history in the child's family of:

Heart disease **Yes No**

High Cholesterol **Yes No**

Overweight or Obesity **Yes No**

TUBERCULOSIS RISK ASSESSMENT:

1. Has your child been tested for TB? **Yes NO Do Not Know**
   If yes, when? _____
2. Has your child ever had a positive tuberculin skin test (TST)? **Yes NO Do Not Know**
   If yes, when? _____
3. TB can cause fever that can last days or weeks. It can cause weight loss, a bad cough (lasting over two weeks), or coughing up blood.
   a. Has your child been around anyone with any of these problems? **Yes NO Do Not Know**
   b. Has your child been around anyone sick with TB? **Yes NO Do Not Know**
   c. Has your child ever had any of these problems or do they have them now? **Yes NO Do Not Know**
4. Was your child born in another part of the world like Mexico or Latin America, the Caribbean, Africa, Eastern Europe, or Asia? **Yes NO Do Not Know**
5. Has your child been to Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe, or Asia for more than 3 weeks? **Yes NO Do Not Know**
   Which country or countries did your child visit?_____
6. Do you know if your child has spent more than 3 weeks with anyone who:

   Uses needles for drug use? Has AIDS? **Yes NO Do Not Know**
   Was or is in jail or prison? **Yes NO Do Not Know**
   Has just come to the United States from another country? **Yes NO Do Not Know**

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3 year Well Child Exam Form

ASQ-3

36 Month Questionnaire

34 months 16 days through 38 months 30 days

On the following pages are questions about activities children may do. Your child may have already done some of the activities described here, and there may be some your child has not begun doing yet. For each item, please fill in the circle that indicates whether your child is doing the activity regularly, sometimes, or not yet.

Important Points to Remember:

- ☑ Try each activity with your child before marking a response.
- ☑ Make completing this questionnaire a game that is fun for you and your child.
- ☑ Make sure your child is rested and fed.
- ☑ Please return this questionnaire by _____.

Notes:

_____

_____

_____

_____

COMMUNICATION

	YES	SOMETIMES	NOT YET	
1. When you ask your child to point to her nose, eyes, hair, feet, ears, and so forth, does she correctly point to at least *seven* body parts? *(She can point to parts of herself, you, or a doll. Mark "sometimes" if she correctly points to at least three different body parts.)*	○	○	○	___
2. Does your child make sentences that are three or four words long? Please give an example:	○	○	○	___
3. Without giving your child help by pointing or using gestures, ask him to "put the book *on* the table" and "put the shoe *under* the chair." Does your child carry out both of these directions correctly?	○	○	○	___
4. When looking at a picture book, does your child tell you what is happening or what action is taking place in the picture (for example, "barking," "running," "eating," or "crying")? You may ask, "What is the dog (or boy) doing?"	○	○	○	___
5. Show your child how a zipper on a coat moves up and down, and say, "See, this goes up and down." Put the zipper to the middle and ask your child to move the zipper *down*. Return the zipper to the middle and ask your child to move the zipper *up*. Do this several times, placing the zipper in the middle before asking your child to move it up or down. Does your child consistently move the zipper up when you say "up" and down when you say "down"?	○	○	○	___
6. When you ask, "What is your name?" does your child say both her first and last names?	○	○	○	___

COMMUNICATION TOTAL ___

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ASQ-3 — 36 Month Questionnaire — page 3 of 7

GROSS MOTOR

		YES	SOMETIMES	NOT YET	
1.	Without holding onto anything for support, does your child kick a ball by swinging his leg forward? 	○	○	○	___
2.	Does your child jump with both feet leaving the floor at the same time? 	○	○	○	___
3.	Does your child walk up stairs, using only one foot on each stair? *(The left foot is on one step, and the right foot is on the next.)* She may hold onto the railing or wall. *(You can look for this at a store, on a playground, or at home.)* 	○	○	○	___
4.	Does your child stand on one foot for about 1 second without holding onto anything? 	○	○	○	___
5.	While standing, does your child throw a ball *overhand* by raising his arm to shoulder height and throwing the ball forward? *(Dropping the ball or throwing the ball underhand should be scored as "not yet.")* 	○	○	○	___
6.	Does your child jump forward at least 6 inches with both feet leaving the ground at the same time? 	○	○	○	___

GROSS MOTOR TOTAL ___

FINE MOTOR

		YES	SOMETIMES	NOT YET	
1.	After your child watches you draw a line from the top of the paper to the bottom with a pencil, crayon, or pen, ask her to make a line like yours. Do not let your child trace your line. Does your child copy you by drawing a single line in a vertical direction? Count as "yes" 1 1 1 Count as "not yet" 1 C 9	○	○	○	___

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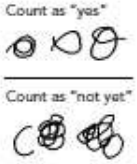
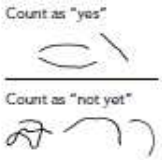
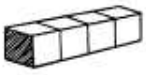
3 year Well Child Exam Form

ASQ-3 **36 Month Questionnaire** *page 4 of 7*

FINE MOTOR *(continued)*

	YES	SOMETIMES	NOT YET	
2. Can your child string small items such as beads, macaroni, or pasta "wagon wheels" onto a string or shoelace? 	○	○	○	___
3. After your child watches you draw a single circle, ask him to make a circle like yours. Do not let him trace your circle. Does your child copy you by drawing a circle? 	○	○	○	___
4. After your child watches you draw a line from one side of the paper to the other side, ask her to make a line like yours. Do not let your child trace your line. Does your child copy you by drawing a single line in a horizontal direction? 	○	○	○	___
5. Does your child try to cut paper with child-safe scissors? He does not need to cut the paper but must get the blades to open and close while holding the paper with the other hand. *(You may show your child how to use scissors. Carefully watch your child's use of scissors for safety reasons.)* 	○	○	○	___
6. When drawing, does your child hold a pencil, crayon, or pen between her fingers and thumb like an adult does?	○	○	○	___
			FINE MOTOR TOTAL	___

PROBLEM SOLVING

	YES	SOMETIMES	NOT YET	
1. While your child watches, line up four objects like blocks or cars in a row. Does your child copy or imitate you and line up *four* objects in a row? *(You can also use spools of thread, small boxes, or other toys.)* 	○	○	○	___
2. If your child wants something he cannot reach, does he find a chair or box to stand on to reach it (for example, to get a toy on a counter or to "help" you in the kitchen)?	○	○	○	___

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ASQ-3 — 36 Month Questionnaire — page 5 of 7

PROBLEM SOLVING (continued)

	YES	SOMETIMES	NOT YET	
3. When you point to the figure and ask your child, "What is this?" does your child say a word that means a person or something similar? *(Mark "yes" for responses like "snowman," "boy," "man," "girl," "Daddy," "spaceman," and "monkey.")* Please write your child's response here: 	○	○	○	___
4. When you say, "Say 'seven three,'" does your child repeat *just* the two numbers in the same order? *Do not repeat the numbers.* If necessary, try another pair of numbers and say, "Say 'eight two.'" *(Your child must repeat just one series of two numbers for you to answer "yes" to this question.)*	○	○	○	___
5. Show your child how to make a bridge with blocks, boxes, or cans, like the example. Does your child copy you by making one like it? 	○	○	○	___
6. 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.)*	○	○	○	___
		PROBLEM SOLVING TOTAL		___

PERSONAL-SOCIAL

	YES	SOMETIMES	NOT YET	
1. Does your child use a spoon to feed herself with little spilling?	○	○	○	___
2. Does your child push a little wagon, stroller, or toy on wheels, steering it around objects and backing out of corners if he cannot turn?	○	○	○	___
3. When your child is looking in a mirror and you ask, "Who is in the mirror?" does she say either "me" or her own name?	○	○	○	___
4. Does your child put on a coat, jacket, or shirt by himself?	○	○	○	___
5. Using these exact words, ask your child, "Are you a girl or a boy?" Does your child answer correctly?	○	○	○	___
6. Does your child take turns by waiting while another child or adult takes a turn?	○	○	○	___
		PERSONAL-SOCIAL TOTAL		___

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3 year Well Child Exam Form

ASQ-3 **36 Month Questionnaire** *page 6 of 7*

OVERALL

Parents and providers may use the space below for additional comments.

1. Do you think your child hears well? If no, explain: ○ YES ○ NO

2. Do you think your child talks like other children her age? If no, explain: ○ YES ○ NO

3. Can you understand most of what your child says? If no, explain: ○ YES ○ NO

4. Can other people understand most of what your child says? If no, explain: ○ YES ○ NO

5. Do you think your child walks, runs, and climbs like other children his age? If no, explain: ○ YES ○ NO

6. Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain: ○ YES ○ NO

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OVERALL (continued)

7. Do you have any concerns about your child's vision? If yes, explain: ○ YES ○ NO

8. Has your child had any medical problems in the last several months? If yes, explain: ○ YES ○ NO

9. Do you have any concerns about your child's behavior? If yes, explain: ○ YES ○ NO

10. Does anything about your child worry you? If yes, explain: ○ YES ○ NO

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