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4 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** ?

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**
- Your child's hearing? **Yes No**
- Your child's vision? **Yes No**

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

- Hops
- Balances 2-3 seconds
- Heel-Toe walk
- Catches bounced ball
- Copies circle
- Copies square
- Draws person - 3 to 6 parts
- Brushes teeth – no help
- Dresses self – no help
- Speech 100% understandable
- Names 4 colors
- Knows 3 adjectives
- Knows 4 actions
- Knows what things are made of
- Knows 2-3 opposites
- Plays games with rules
- Toilets alone
- Plays in a group
- Separates easily from parents

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4 Year Well Child Exam Form

GENERAL SAFETY

Does your child always use: **car seat** **booster seat**

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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4 Year Well Child Exam Form

ASQ-3

48 Month Questionnaire *45 months 0 days through 50 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. 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.")* Please write your child's response:

[ ]

"What do you do when you are tired?" *(Acceptable answers include "take a nap," "rest," "go to sleep," "go to bed," "lie down," and "sit down.")* Please write your child's response:

[ ]

	YES	SOMETIMES	NOT YET	
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"?	○	○	○	___

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4 Year Well Child Exam Form

COMMUNICATION (continued)

	YES	SOMETIMES	NOT YET	
5. Without your 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?"	○	○	○	___
		COMMUNICATION TOTAL		___

GROSS MOTOR

	YES	SOMETIMES	NOT YET	
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.)*	○	○	○	___
		GROSS MOTOR TOTAL		___

FINE MOTOR

	YES	SOMETIMES	NOT YET	
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?)*	○	○	○	___

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4 Year Well Child Exam Form

FINE MOTOR (continued)

	YES	SOMETIMES	NOT YET	
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.)*	○	○	○	___
		FINE MOTOR TOTAL		___

PROBLEM SOLVING

	YES	SOMETIMES	NOT YET	
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 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 pointing, gesturing, or looking at the smallest circle.)*	○	○	○	___
3. Without your 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.)*	○	○	○	___

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PROBLEM SOLVING (continued)

	YES	SOMETIMES	NOT YET	
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.)*	◯	◯	◯	___
		PROBLEM SOLVING TOTAL		___

PERSONAL-SOCIAL

	YES	SOMETIMES	NOT YET	
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? Please mark the items your child knows.	◯	◯	◯	___

◯ a. First name ◯ d. Last name
◯ b. Age ◯ e. Boy or girl
◯ c. City she lives in ◯ f. Telephone number

	YES	SOMETIMES	NOT YET	
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)?	◯	◯	◯	___
		PERSONAL-SOCIAL TOTAL		___

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

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4 Year Well Child Exam Form

ASQ-3 — **48 Month Questionnaire** page 6 of 7

OVERALL *(continued)*

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

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

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ASQ3 — 48 Month Questionnaire *page 7 of 7*

OVERALL *(continued)*

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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