

# 3 Year

## Well Check Questionnaire

**Please answer these questions about your child.**

Skip any questions that you cannot answer or that do not apply.

Your answers will help us provide you and your child with the best possible care.

Do you have any questions or concerns that you would like to discuss with your doctor? . . . . .

Yes  No

If yes, please describe: \_\_\_\_\_

### NUTRITION

- Does your child eat or drink 3 servings of calcium-rich foods daily, such as low-fat milk, cheese, yogurt, soy milk, or tofu? . . . . .
- Do you offer your child fruits or vegetables with most meals and snacks? . . . . .
- Does your child eat high-fat foods (such as fast food, chips, ice cream, or pizza)? . . . . .
- Does your child drink soda, juice, sports drinks, or other sweetened drinks? . . . . .

No  Yes

No  Yes

Yes  No

Yes  No

### PHYSICAL ACTIVITY

- Does your child play actively (run, climb, jump) for at least 1 hour every day? . . . . .
- Do you limit your child's screen time (TV, video games, computer, smartphone, other) to 1 to 2 hours per day? . . . . .

No  Yes

No  Yes

### DENTAL HEALTH

- Does your child see a dentist twice per year? . . . . .

No  Yes

### TUBERCULOSIS

- Has your child had close contact with anyone who has tuberculosis (TB) or who has had a positive TB skin test? . . . . .
- Was your child born in a country at high risk for tuberculosis (including countries in South America, Central America, Africa, Asia [except Japan], Eastern Europe, Russia, and surrounding areas), or has anyone in your household (including your child) traveled to one of these countries? . . . . .

Yes  No

Yes  No

### SAFETY

- Do you place your child in a forward-facing car seat in the backseat for every car ride? . . . . .
- If your home has more than one floor, do you have safety guards on the windows? . . . . .
- Do you have the Poison Control Center phone number (800-222-1222) posted by your home phone and/or saved in your cell phone? . . . . .
- Do you watch your child at all times around water (bathtub, pools, ponds, etc.)? . . . . .
- Does your child always wear a helmet when riding a bike or scooter? . . . . .
- Has your child ever witnessed or been a victim of violence or abuse? . . . . .

No  Yes

No  Yes

No  Yes

No  Yes

No  Yes

Yes  No

### YOUR GROWING CHILD

- Is your child potty trained? . . . . .  Not yet  Somewhat  Yes
- Does your child draw simple shapes, like a circle or square? . . . . .  Not yet  Somewhat  Yes, often
- Does your child talk in a way that other people can understand most of the time? . . . . .  Not yet  Somewhat  Yes, often
- Does your child wash and dry his or her hands without help (even if you turn on the water)? . . . . .  Not yet  Somewhat  Yes, often
- Does your child tell you stories from books or TV? . . . . .  Not yet  Somewhat  Yes, often
- Does your child ask questions beginning with "why" or "how" (like, "Why no cookie?")? . . . . .  Not yet  Somewhat  Yes, often

### FAMILY LIFE

- Does your child have blood relatives who have had heart problems (heart attack, stroke, or bypass surgery) before age 55 for men or 65 for women? This includes your child's aunts, uncles, parents, and grandparents. . . . .
- Since your child's last checkup, has your family or child experienced any major issues (such as illness, move, job change or loss, separation or divorce, death in the family)? . . . . .  
If yes, please list: \_\_\_\_\_

Yes  No

Yes  No

# 3歲

## 健康核查問卷

請回答以下有關您孩子的問題。  
請跳過任何您無法回答或不適用的問題。  
您的回答將幫助我們為您和孩子提供最佳護理。

您有任何疑問或顧慮想要諮詢醫生嗎？.....  
如果回答「是」，請說明：\_\_\_\_\_

是  否

### 營養

1. 您的孩子是否每天吃3份富含鈣食物，例如低脂牛奶、乳酪、酸奶、豆漿或豆腐？.....
2. 您是否在大部分正餐和點心中都會給孩子水果或蔬菜？.....
3. 您的孩子吃高脂肪食物（例如快餐、薯片、冰淇淋或披薩）嗎？.....
4. 您的孩子喝汽水、果汁、運動飲料或其他含糖飲料嗎？.....

否  是  
 否  是  
 是  否  
 是  否

### 體力活動

5. 您的孩子是否每天至少活躍玩耍（跑、爬、跳）1小時？.....
6. 您是否將孩子每天看螢幕的時間（電視、電遊、電腦、智能手機等）限制在1至2小時內？.....

否  是  
 否  是

### 牙齒健康

7. 您的孩子每年看兩次牙醫嗎？.....

否  是

### 結核病

8. 您的孩子曾經和任何結核病 (TB) 患者或結核病皮膚測試呈陽性的人有過近距離接觸嗎？.....
9. 您的孩子是否出生在結核病高風險國家（包括中南美洲、非洲、亞洲 [日本除外]、東歐國家、俄羅斯及周邊地區），或者您家裡是否有人（包括您的孩子）曾到過這些國家或地區？.....

是  否  
 是  否

### 安全

10. 您每次開車帶孩子出門時，是否讓孩子坐在後座的兒童安全座椅上，面朝前方？.....
11. 如果您家不只一層樓，那麼窗戶是否有安全鎖？.....
12. 您是否將「毒性物質控制中心」的電話號碼 (800-222-1222) 貼在家用電話旁或存在手機裡？.....
13. 當您的孩子靠近水邊（浴缸、泳池、池塘等）時，您是否一直在旁看護？.....
14. 您的孩子騎單車或玩滑板車時，是否一直戴安全帽？.....
15. 您的孩子曾經目睹或遭受暴力對待或虐待嗎？.....

否  是  
 否  是  
 否  是  
 否  是  
 否  是  
 是  否

### 成長中的孩子

16. 您的孩子是否能夠控制大小便？.....
17. 您的孩子是否會畫簡單形狀，例如圓形和正方形？.....
18. 您的孩子說的話其他人大部分可以聽懂嗎？.....
19. 您的孩子不需幫助就能自己洗手和把手擦乾（即使需要您打開水龍頭）嗎？.....
20. 您的孩子會跟您講從書裡或電視上看到的故事故事嗎？.....
21. 您的孩子會問以「為什麼 (why)」或「怎麼 (how)」開頭的問題嗎（比如，「為什麼沒有餅乾？」）？.....

還不會  稍微  是  
 還不會  稍微  是，經常  
 還不行  稍微  是，經常  
 還不會  稍微  是，經常  
 還不會  稍微  是，經常  
 還不會  稍微  是，經常

### 家庭生活

22. 您的孩子有血親在55歲（男性）或65歲（女性）以前出現心臟問題（心臟病發作、中風或接受過搭橋手術）嗎？這包括孩子的姑姨、叔伯、父母和祖父母等。.....
23. 從孩子上一次檢查至今，您的家人或孩子是否經歷任何重大變故（例如生病、搬家、換工作或失業、分居或離婚、家人去世）？.....  
如果回答「是」，請列示：\_\_\_\_\_

是  否  
 是  否