



Woodinville Pediatrics 4 years Questionnaire

Parental concerns this visit: _____

Current Medications: _____

Current Allergies: _____

Family

Parents working outside home ___mother ___father

Child Care ___yes ___no Type_____

Preschool ___yes ___no _____

Changes since last visit _____

Diet

5 servings of fruit/vegetable ___yes ___no

Limited sweetened liquids ___yes ___no

Vitamins/Supplements _____

Diet Concerns ___yes ___no

Diet comments _____

Bowel/Bladder

Stool Concerns ___yes ___no

Stool Consistency ___hard ___soft

Urination Concerns ___yes ___no

Toilet training ___yes ___in process ___no

Sleep

Sleep concerns ___yes ___no

Tobacco Exposure ___yes ___no

Behavior Concerns ___yes ___no

Physical Activity Play time (60m/d) ___yes ___no

Screen time (<2hr/d) ___yes ___no

Parent-child Interaction

Communication concerns ___yes ___no

Cooperation concerns ___yes ___no

Development

Social Emotional: ___Interaction with peers

___Imaginative play

Communication: ___Usually understandable

___Knows name, age, gender

Cognitive: ___Names 4 colors

___Draws person (3 body parts)

___Plays board/card games

Physical : ___Hops on 1 foot

___Balance on 1 foot for 3 seconds

___Builds tower (8 blocks)

___Copies a cross

___ Brushes own teeth

___ Dresses self

Additional comments: _____
