

**Spanish Fork Clinic**  
325 West Center  
Spanish Fork, UT 84660  
Tel: 798-7301 (Family Practice)  
894-1333 (pediatrics)  
798-1743 (OB/Gyn)

**Art City Medical Center**  
5 E. 400 N.  
Springville, UT 84663  
Tel: 489-8464



**Santaquin Medical Clinic**  
57 West Main  
Santaquin, UT 84655  
Tel: 754-3122

**Payson Pediatrics**  
910 E. 100 N. # 155  
Payson, UT 84651  
Tel: 894-1333

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## THREE YEAR WELL CHILD VISIT Parent Questionnaire

### NUTRITION

- |     |    |   |
|-----|----|---|
| Yes | No | Are you concerned about your child's growth?        |
| Yes | No | Are you concerned about your child's eating habits? |
| Yes | No | Does your child drink milk?                         |
| Yes | No | Is your child on fluoride?                          |
| Yes | No | Does your child eat meat?                           |
| Yes | No | Does your child eat vegetables?                     |

### FAMILY HISTORY

- |     |    |   |
|-----|----|---|
| Yes | No | Is there a family history of reading problems?                      |
| Yes | No | Is there a family history of difficulty learning mathematics?       |
| Yes | No | Is there a family member that had/has attention problems in school? |
| Yes | No | Are there any family members with other learning problems?          |

### DEVELOPMENT

#### Denver Development Questions

- |     |    |   |
|-----|----|---|
| Yes | No | Can your child say 3-5 word sentences?                    |
| Yes | No | Does your child ask "Why" and "What" questions?           |
| Yes | No | Can your child balance on one foot?                       |
| Yes | No | Can your child build a ten block tower?                   |
| Yes | No | Can your child copy a circle and an X after you draw one? |
| Yes | No | Can your child count to three?                            |
| Yes | No | Can your child dress themselves?                          |
| Yes | No | Does your child know his/her name, age, and gender?       |
| Yes | No | Can your child pedal a tricycle?                          |
| Yes | No | Can your child recognize three colors?                    |
| Yes | No | Is your child toilet trained?                             |
| Yes | No | Does your child walk up stairs alternating feet?          |

**Turn Over**

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## THREE YEAR QUESTIONNAIRE (Continued)

### TEMPERAMENT

*Rate your child on the following personality traits on a scale of one to ten with ten being the most prominent or difficult to manage.*

Activity 1 2 3 4 5 6 7 8 9 10	How fast and how much your child moves about rather than spend time in one place.
Intensity 1 2 3 4 5 6 7 8 9 10	How much energy your child exhibits with responses. How loud and forceful are tantrums.
Persistence 1 2 3 4 5 6 7 8 9 10	How single minded or focused your child is in activities. In a negative sense this is stubbornness, not easily distractible from wants and demonstrating long, drawn out tantrums.
Regularity 1 2 3 4 5 6 7 8 9 10	How unpredictable your child is with physical functions such as sleep-wake cycles, eating times, elimination.
Sensory Threshold 1 2 3 4 5 6 7 8 9 10	How sensitive or easily bothered your child is by sound, light, touch, pain, taste, etc.

### OTHER

- |     |    |  |
|-----|----|--|
| Yes | No | Are you concerned about your child's sleeping pattern?                               |
| Yes | No | Are you concerned about your child's behavior?                                       |
| Yes | No | Do you think your child hears well?  |
| Yes | No | Do you think your child talks like other children her age?                           |
| Yes | No | Can you understand most of what your child says?                                     |
| Yes | No | Has your child had any medical problems in the last several months?                  |
| Yes | No | Does anything about your child worry you? If yes, please explain in the space below. |