

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

FOUR 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

- | | | |
|-----|----|---|
| Yes | No | Can your child string 4-5 words together in a sentence? |
| Yes | No | Can your child catch a ball? |
| Yes | No | Can your child draw people? |
| Yes | No | Can your child dress and undress themselves? |
| Yes | No | Does your child enjoy jokes? |
| Yes | No | Can your child jump or hop? |
| Yes | No | Can your child name 4-5 colors? |
| Yes | No | Can your child pedal a tricycle? |
| Yes | No | Does your child play well with others? |
| Yes | No | Can your child walk on tiptoe? |

Turn Over

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FOUR 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. |