Child Questionnaire

Child's Name _____ Date _____

Name of person completing form _____ Relationship to child_____

Please answer these questions to help with your WIC visit today.

1. Does anyone smoke inside your home? ❒ Yes ❒ No

2. What does your household use for drinking water?
   ❒ city/town/county water ❒ well water ❒ bottled water ❒ other

3. Does the refrigerator in your home work? ❒ Yes ❒ No

4. Does the stove in your home work? ❒ Yes ❒ No

5. In the past month, have there been days when you did not have enough food or money to buy food? ❒ Yes ❒ No

6. When was your child's last visit to the doctor?

7. Has the doctor said your child has any health problems? ❒ Yes ❒ No
   If "yes", list problem(s):

8. What concerns do you have about your child's health?

9. Most days, do you brush your child's teeth? ❒ Yes ❒ No

10. Which of these does your child take?
    ❒ multi-vitamins ❒ iron supplement ❒ fluoride supplement ❒ medicine from doctor
    ❒ over-the-counter medicine (like pain relievers, antacids, laxatives) ❒ herbal supplement
    ❒ other _____ ❒ none

11. Are your child's shots up-to-date? ❒ Yes ❒ No

12. Does your child follow a special diet or drink a special formula? ❒ Yes ❒ No
    If "yes", what kind of diet or formula?

13. On most days, how many times does your child eat?
    number of meals _____ number of snacks_____

turn page over →

14. How many times a week does your child eat meals and snacks away from home or eat take-out meals (not including meals at child care)? It includes vending machines, fast foods, delis and all types of restaurants.
❒ never or rarely ❒ 1-3 times a week ❒ 4-6 times a week ❒ more than 6 times a week ❒ not sure

15. Does your child eat fruit every day? ❒ Yes ❒ No

16. Does your child eat vegetables every day? ❒ Yes ❒ No

17. What kind of milk does your child drink?
❒ skim or fat-free ❒ 1% low-fat ❒ 2% low-fat ❒ whole ❒ not sure ❒ none
❒ other _____

18. Which of these does your child drink everyday?
❒ milk ❒ water ❒ flavored water ❒ fruit juice ❒ fruit drinks or punch
❒ regular soda ❒ sweet tea ❒ sports drinks ❒ other_____

19. Check any of the following your child uses for drinking?
❒ regular cup ❒ cup with lid and spout (sippy cup) ❒ baby bottle

20. Does your child feed him or herself? ❒ Yes ❒ No
If "yes", how? ❒ with fork or spoon ❒ with fingers

21. Check any of the following foods your child eats:
❒ raw or unpasteurized milk
❒ soft cheeses like feta, brie, blue Cheese or queso fresco or blanco
❒ raw or undercooked meat or poultry, fish (including sushi), shellfish, eggs or tofu
❒ none

22. Check any of the following items your child eats:
❒ ashes ❒ baking soda ❒ carpet fibers ❒ chalk ❒ cigarette butts
❒ clay ❒ dirt ❒ ice ❒ matches ❒ paint chips
❒ starch (corn or laundry) ❒ other_____ ❒ none

23. How often does your child have some active play time (like running, jumping, or playing outside)?
❒ most days ❒ some days ❒ not very often

24. How many hours a day does your child watch TV?
❒ 3 or more hours ❒ 2-3 hours ❒ 1-2 hours ❒ less than 1 hour ❒ doesn't watch TV every day

25. What would you like to talk to the nutritionist about today?

Thank you!