

SAMPLE Child Umbrella Health Questions (*Certification Visit*)

Tell me about your child's doctor, their last visit, and any growth concerns.

- 1 Does your child have a regular doctor or go to a clinic?
- 2 When was the last time your child saw a doctor?
- 3 Do you or your doctor have any concerns about your child or your child's growth?

Tell me about any medication use, medical conditions, lead exposure and concerns with constipation, diarrhea or vomiting.

- 4 Does your child have any problems with constipation, diarrhea, or vomiting?
- 5* Is your child currently taking any medications?
- 6* Does your child currently have any diagnosed medical conditions, illnesses, or developmental problems?
- 7 Is your child seeing a specialist for anything?
- 8 Has your child been tested for lead poisoning?

Do you or your dentist have any concerns about your teeth?

- 9 How do you care for your child's teeth?
- 10* Does your child have cavities or any problems with their teeth?

Does anyone living in your household smoke inside the home?

- 11 Does anyone living in your household smoke inside the home?

SAMPLE Child Umbrella Diet Questions (*Certification Visit*)

Is your child breastfed?

1 Is your child breastfed?

Would probably be able to pick up on the answer during the session without having to ask this question.

Describe to me what your child drinks from and how often during the day.

2* Does your child drink from a bottle?

3 Does your child drink from a cup?

4* Does your child take a bottle or cup to bed with them at night or at naptime?

5* Does your child carry around a bottle or a cup all day?

6* Is there anything like honey, sugar or syrup used on or in a pacifier?

What does your child use to eat or feed himself/herself?

9* Does your child have any problems with eating or feeding himself/herself?

10* Does your child eat with a fork or spoon?

Tell me about your child's day-to-day eating habits and about the kinds of foods and beverages that he/she likes to eat and drink.

7* Is your child following a special diet?

8 How would you describe your child's appetite?

11 How many times a day does your child usually eat?

12 How often does your family usually eat a meal together?

13 At mealtimes, does your child eat the same foods as the rest of the family?

14 What working appliances and equipment do you have to prepare food?

15 Does your child eat any meals away from home?

16* Tell me about the foods your child eats:

17* Other than milk, what beverages does your child drink regularly?

Are you using city water or well water?

18* What is your family's main source of drinking water?

19 Is the water fluoridated?

Are you giving your child any vitamins, supplements?

20* Does your child take any vitamins, minerals, herbs or herbal supplements?

Did your family have any problems getting enough food last month? Are you using any food programs?

21 Did your family have problems getting enough food last month?

22 Does your family participate in any food programs?

How many hours did your child sit and watch TV or videos yesterday?

24 How many hours did your child sit and watch TV or videos yesterday?

There is no question for this – this would be selected if indicated during the assessment process.

23* CPA:

*Primary caregiver has limited ability to make feeding decisions and/or prepare food

*Child entered or moved from one foster care or kinship care in last 6 months