Location of CPA	HT	WT	BMI	HGB	Mom's BMI	Dad's BMI

Ohio Department of Health • Bureau of Nutrition Services

WIC Health History for Children 1–5 Years

Child's name		Today's date
Your name		Your relationship to child (96)
Child's birth date	Birth weight (51, 59)	Birth length
Child's doctor or clinic		Date of last doctor or clinic visit

Please answer the questions below.

Did your child ever breastfeed?
☐ Still breastfeeding ☐ Yes ☐ No ☐ Don't know
Why did you stop? _____ How old was your child when you stopped? _____

Was your child born three or more weeks early?
☐ Yes How many weeks? _____ ☐ No (50)

Please check all the health problems your child has.
☐ Asthma ☐ Depression ☐ Teeth/gums ☐ Birth defects ☐ Lactose intolerant
☐ Other _____ ☐ None (68, 91, 93, 94)

List your child's medicines.
☐ None (93)

Is your child up to date on shots?
☐ Yes ☐ No ☐ Don't know

Has the doctor tested your child's blood for lead?
☐ Yes Results_____ ☐ No ☐ Don't know (21)

Has your child seen a dentist?
☐ Yes ☐ No

Do your child's teeth get brushed?
☐ Yes ☐ No

Where do you get your water?
☐ Well ☐ City ☐ Store bought ☐ Other _____

Check all that your child takes.
☐ Vitamins ☐ Herbs ☐ Iron ☐ Fluoride
☐ Other _____ ☐ None (30)

List your child's food allergies.
☐ None (93)

Is your child on a special diet?
☐ Yes, your choice ☐ Yes, from your doctor ☐ No (30, 35, 91, 93)

Is your child using formula?
☐ Yes Which formula? _____ ☐ No (91, 93)

OVER ☛

Check all that apply to your child.

☐ Drinks from a cup ☐ Drinks from a bottle ☐ Goes to bed with a bottle or sippy cup

☐ Walks around with a bottle or sippy cup ☐ Is fed through a feeding tube (36, 94)

What foods does your child refuse to eat?

☐ None (35)

Please check all the non-food items your child eats.

☐ Printed paper ☐ Paint chips ☐ Dirt ☐ Clay ☐ Ice

☐ Other _____ ☐ None (30)

Check all that apply.

☐ Child feeds self ☐ I run out of money or food stamps to buy food

☐ Child has eating/chewing/swallowing problems ☐ I have a working stove or microwave and refrigerator in my home.

☐ Child usually does not eat at home

☐ Child lives in a shelter, hotel or temporary place. (37, 66, 93, 95)

What do you think about your child's eating habits?

How many hours per day is your child physically active?

☐ Less than one hour ☐ One–two hours ☐ Three or more hours

If anyone in your home smokes, where do they smoke?

☐ Inside ☐ Outside ☐ Car ☐ No one smokes (46)

During the last six months, has your child been physically, verbally or sexually abused or neglected?

☐ Yes ☐ No (67)

Do you have any questions or concerns?

_____