





## **Risk Assessment 6 Year**

Does child brush teeth twice per day				'es	No	Comr	ment	
Does child see dentist at least twice a year			Υ	'es	No	Comr	<mark>nent</mark>	
Servings of fruit & M	ore than 4 per day	3-4 per day	1	1-2 per day			0-1 per day	
vegetables per day								
Eats out each week 0-	1 times	1-2 times	2	1 time	<u> </u>		Mara tha	un 4 timos
Eats out each week 0-	i tilles	1-2 tilles	3	3-4 times			More than 4 times	
Activity level M	ore than 60 min	30-60 min per da	ıy L	Less than 30 min per			Not very often	
ре	er day		d	day				
Sweet drinks per day No	ot very often	1 per day	2	2 per day			More than 3 per day	
TV/screen time No	ot very often	30-60 min/d	1	1-2hr/d			More than 2hr/d	
1 V/ ser cerr cirrie	or very orten	30 00 11111, 0		1 2111/4			Wiore than Zinya	
Draws a person with 6 b	body parts		Υ	'es	No	Comr	<mark>nent</mark>	
Copies squares, triangles			Υ	'es	No	Comr	nent	
Writes some letters and numbers			Υ	'es	No	Comr	<mark>nent</mark>	
Ties a knot			Y	'es	No	Comr	nent	
Balances on one foot			Υ	'es	No	Comr	<mark>nent</mark>	
Hops, skips, climbs			Υ	'es	No	Comr	ment	
Counts to 10				'es	No	Comr	<mark>nent</mark>	
Names at least 4 colors				'es	No	Comr	ment	
Listens well and follows simple instructions			Υ	'es	No	Comr	<mark>nent</mark>	
Can tell a story in full sentences				'es	No	Comr	ment	
Have any members of the family or				No	Yes	Unkn	own	Comment
your child's playmates had high blood lead level								
Does child live/visit house built before				No	Yes	Unkn	own	Comment
1978 that is currently being renovated?								
Does child live/visit a ho	ouse/apartment/bi	uilding	N	No	Yes	Unkn	own	Comment
built before 1950?								
	6.1							
Born in country outside of the United States			N	No	Yes	Unkn	own	Comment
Traveled or had contact with high TB risk			N	No	Yes	Unkn	own	Comment
populations longer than a week							_	
populations longer than	I G WCCK							
Family member or contact had tuberculosis or				No	Yes	Unkn	own	Comment
positive TB skin test.								
p 10.0.10 12 00011 00001								

Parent or Grandparents have stroke or heart problems No	Yes	Comment
before age 55		
Parent has elevated cholesterol >240mg/dl or is taking No	Yes	Comment
cholesterol medication		
Diet included iron-rich foods such as meat, eggs, iron fortified cereal, or beans	Yes	No Comment
Does shild go to school	Voc	No Comment
Does child go to school	Yes	No Comment
Concerns about child doing well in school	No	Yes Comment
Does child do simple chores around house	Yes	No Comment
Does child get along with his/her friends		No Comment
Does child eat breakfast everyday	Yes	No Comment
Does child have at least 3 servings of low fat milk, cheese, or yogurt per day		No Comment
Do you limit junk food and fast food	Yes	No Comment
Concerns about child's weight	No	Yes Concerns
Primary water source contain fluoride	Yes	No Comment
Always uses safety/booster seat in back seat of car or any vehicle	Yes	No Comment
Knows street safety such as looking both ways and knows to	Yes	No Comment
never cross without a grown up		
Wears helmet/protective gear when biking, skating, skiing, or snowboarding	Yes	Sometimes No
Does child know how to swim and knows to only swims when	Yes	No Comment
when an adult is watching		
Do you put sunscreen on child before he/she goes outside		No Comment
Does anyone smoke around child	No	Yes Comment
Cardiac Risk: Has your child ever had:		
Fainting during or after exercise, emotion or startle?	No	Yes
Extreme shortness of breath with exercise?	No	Yes
Discomfort, pain or pressure in chest during exercise?	No	Yes