



## WELL CHILD QUESTIONNAIRE

*Questions 1 and 2 help our providers know what topics to cover in your visit today.*

1. Has your child been to the **eye doctor** in the last 12 months?  
(Circle One)

**YES**

**NO**

2. Has your child been to the **dentist** in the last 12 months?  
(Circle One)

**YES**

**NO**

*Families answering yes to questions 3 and 4 will be connected to resources through our clinic's Parent Partner(s).*

3. Within the past 12 months, have you been worried whether your food would run out before you got money to buy more?  
(Circle One)

**YES**

**NO**

4. Within the past 12 months, the food we bought just didn't last and we didn't have money to get more.  
(Circle One)

**YES**

**NO**