"STAYING HEALTHY" ASSESSMENT
Children, 0–3 years of age

Patient Stamp

Patient Number _____ Plan Name/Number _____

If patient stamp not used, write in Patient and Plan Name/Number

Child's name (first, last)	Date of birth	Sex	Today's date
		❒ Male ❒ Female	
Your name	Relationship to child ❒ Parent ❒ Guardian ❒ Relative ❒ Friend ❒ Other		

For Clinical Use

Assistance needed:
Reading: ❒ **Yes** ❒ **No**
Interpreter: ❒ **Yes** ❒ **No**

You and your child's health care team can work together towards better health. Please answer these questions as best you can. You may check (✔) "Skip" if you do not know an answer or do not wish to answer. You may talk with your provider about any questions. Your answers will be protected as part of your child's medical record.

Annual Review Date/Initials

					Interventions Code/Date/Initials
	Sample Question and Answer: Does your child go to preschool?	✔ Yes	No	Skip	
	Does Your Home Have:				
1.	A working smoke detector?	Yes	No	Skip	
2.	Water that comes from the faucet hot enough to burn your child?	No	Yes	Skip	
3.	Window guards and stair gates above the first floor?	Yes	No	Skip	
4.	Cleaning supplies, medicines, and matches in a locked cabinet?	Yes	No	Skip	
5.	The phone number for the poison control center posted by your telephone?	Yes	No	Skip	
	Do You:				
6.	Always put your child to sleep on his/her back, if younger than 12 months of age?	Yes	No	Skip	
7.	Ever put your child to sleep with a bottle of juice, milk, or soda?	No	Yes	Skip	
8.	Make sure your child's teeth are brushed every day?	Yes	No	Skip	
9.	Always stay with your child when she/he is in the bathtub?	Yes	No	Skip	
10.	Always put your child in a car seat and seat belt in the back seat of a car?	Yes	No	Skip	
11.	Always walk around your car to check for children before backing out?	Yes	No	Skip	

For Clinical Use

Intervention Codes: **C: Counseling** **EM: Educational Materials** **R: Referral** **F: Follow-up Needed** **SPN: See Progress Notes**

					For Clinical Use **Interventions Code/Date/Initials**
	Does Your Child:				
12.	Receive health care from anyone besides a medical doctor (such as an acupuncturist, herbalist, curandero, or other healer)?	No	Yes	Skip	
13.	Breastfeed?	No	Yes	Skip	
14.	Drink formula, milk, or eat yogurt at least 2 times each day?	Yes	No	Skip	
15.	Eat fruits and vegetables every day?	Yes	No	Skip	
16.	Eat foods that may cause choking such as nuts, popcorn, hotdogs, whole grapes, or hard candy?	No	Yes	Skip	
17.	Spend time at a house or apartment complex with a swimming pool or hot tub?	No	Yes	Skip	
18.	Spend time in a home where a gun is kept?	No	Yes	Skip	
19.	Spend time in a home with anyone who smokes?	No	Yes	Skip	
20.	Often spend time outdoors without sunscreen or other protection such as a hat or shirt?	No	Yes	Skip	
21.	Has your child ever witnessed or been a victim of abuse or violence?	No	Yes	Skip	
22.	**Do you have other questions or concerns about your child's health?** (Please identify) _____ _____ _____ _____	No	Yes	Skip	

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Privacy Statement

The Information Practices Act of 1977 (California Civil Code 1798) and the Federal Privacy Act (5 USC 552a, Subdivision (E)(3)) require this notice to be provided when collecting personal information from individuals. The information on this form is requested by your health care provider, health plan, and the Department of Health Services for purposes of providing health education services. Furnishing the information requested on this form is optional for the patient. Failure to provide the information requested will not result in any negative consequence for the patient. Information collected on this form is to be maintained in the patient's medical record, and is subject to the same medical and legal protection as other information maintained in the patient's medical record. State law and regulation including reporting requirements and protection of patient confidentiality applies to all information identified on this form. Within the constraints of these laws and regulations, certain information collected on this form may be transferred to state and local governmental and regulating agencies, contracted health plans, and health care providers.