



NUNAVUT WELL BABY RECORD

EVIDENCE BASED INFANT/CHILD HEALTH

MAINTENANCE GUIDE:

4 – 5 YEARS OLD

Surname

Given Name

Date of Birth

DD MM YYYY

PARENT / GUARDIAN CONCERNS:		Height (cm)	Weight (g)	HC (cm)
		%	%	%
NUTRITION (SINCE 2 3 YEARS OLD)	<p>How often does your child eat or drink:</p> <p>Country Food (trad. meat, berries, etc.): Never < Once/week Once/week Daily or more</p> <p>Sweetened drinks (crystals, pop, etc.): Never < Once/week Once/week Daily or more</p>	<p>Vitamin D Supplementation:</p> <p>Do you have Vit. D drops at home? No Yes</p> <p>If Yes: Are they given to your child? Never Sometimes Daily Amt given: _____IU</p> <p>Rickets Diagnosis: No Yes Unknown</p>		
	<p>Since your child was 2 3 years old:</p> <p>Were there times when the food for you and your family just did not last and there was no money to buy enough food? Never Sometimes Often Don't know/Refused</p> <p>Has your baby attended an early childhood care program? No Yes (specify): _____</p>			
DENTAL	<p>Teeth brushing frequency: < Daily Daily > Daily</p> <p>Tooth extractions: No Yes</p>	<p>Oral assessment: Healthy Unhealthy</p> <p>Tooth decay (including white spots): No Yes</p>		
ENVIRONMENT	<p>Maternal Smoking: No Yes Amount (cig/day): _____</p> <p>Location of smoking: Inside Outside</p> <p># People smoking inside the house: _____</p> <p># People in house: _____ # Bedrooms in house: _____</p>	<p>Substance use in household: No Yes Don't Know/Refused</p> <p>Do you have any N1Tf1.960TD0.0014Tc(have)Tj/01140h[1Tf.226TD.001d6T</p>		

