

Dear Parents,

[No name needed] Child's Age ____ (please circle): girl boy

Southern Kennebec Healthy Start is a team of service providers committed to helping children, families, and agencies ensure that children enter kindergarten feeling safe, lovable, capable, and healthy. Your answers to these questions will help us to plan and evaluate how well we are doing. Thank you.

1. When does your child fall asleep _____ and wakeup for the day _____?




Please α below

2. Does your child have trouble sleeping through the night? no some yes

3. What is your child's mood usually when waking?   

4. What is your child's mood during most of the day?   

5. How does your child deal with new situations?   

6. How does your child get along with other kids?   

7. How easily does your child bounce back from stress?   

8. How often does your child brush teeth? (please circle)

After eating morning bedtime couple times a week less

9. How many cups of Pepsi, Coke, Mtn Dew, coffee does your child drink in a week?

none one five nine more

11. How many half-hours of physically active play does your child get in a week?

0 - 1 2 - 3 4 - 5 daily more

12. How many child's palm size servings of fruit/vegetables does your child eat most days?

0 - 1 2 - 3 4 - 5 6 - 7 more

13. How much TV, movie, videogame, computer time does your child spend most days?

0 - half hour one hour two hours three hours more

14. How much time does your child spend looking at books with a parent most days?

rarely happens 5-15 min half hour more

Since my child was born we have participated in:

____ Home Visiting Program ____ Day Care ____ Head Start ____ Pre-K ____ CDS

For more info, contact: _____

Thank you!