

Child's name _____ Date of birth _____ Today's Date _____
 (first last)

Screening for Child Age 1 year

Age _____ months

Milk/Juice	How many ounces of milk per day	None	4	8	16	24	≥25
	What type of milk	Whole	2%	1%	Skim	Soy	Other
	How many ounces of juice per day	None	4	8	16	24	≥25
	How many ounces of water	None	4	8	16	24	≥25

Solid Food	Cereal	Yes	No	
	Fruits	Yes	No	
	Vegetables	Yes	No	
	Protein Source	Red meat	chicken	turkey

Well Child	Sleeping concerns	No	Yes							
	Longest stretch of sleep at night (hours)	1	2	3	4	5	6	8	9	10
	Potty trained	Yes	No	In Progress						
	Stools per day	1-2	3-4	5-6	7-8					
	Wet diapers per day	1-2	3-4	5-6	7-8					
	Behavior Concerns	No	Yes							
	Car Seat	Rear Facing	Forward Facing							
	Childcare	Home	Relative	Babysitter	Daycare					
	Brushes teeth	Twice/day	Once/day							

Has your child been diagnosed with Asthma?	No	Yes
When was your child's last Influenza Vaccine?	Date:	

12 Month Questionnaire

Child's name: _____

Today's Date: _____




Child's date of birth: _____

COMMUNICATION

- | | YES | SOMETIMES | NOT YET |
|---|-----------------------|-----------------------|-----------------------|
| 1. Does your baby make two similar sounds, such as "ba-ba", "da-da" or "ga-ga"? (<i>The sounds do not need to mean anything.</i>) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. If you ask your baby to, does he play at least one nursery game even if you don't show him the activity yourself? (such as "bye-bye", "Peeka-boo", "clap your hands", "So Big"?) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Does your baby follow one simple command, such as "Come here", "Give it to me" or "Put it back" without your using gestures? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Does your baby say three words, such as "mama", "dada" and "baba"? (A "word" is a sound or sounds your baby says consistently to mean someone or something.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. When you ask, "where is the ball (hat, show, etc.)?" does your baby look at the object? (Make sure the object is present. Mark "yes" if she knows one object.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. When your baby wants something, does he tell you by pointing to it? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Total: _____

GROSS MOTOR

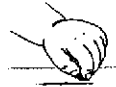
- | | YES | SOMETIMES | NOT YET |
|---|-----------------------|-----------------------|-----------------------|
| 1. While holding onto furniture, does your baby bend down and pick up a toy from the floor and then return to a standing position?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. While holding onto furniture, does your baby lower herself with control (without falling or flopping down)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Does your baby walk beside furniture while holding on with only one hand? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. If you hold both hands just to balance your baby, does he take several steps without tripping or fall? (If your baby already walks alone, mark "yes" for this item.)  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. When you hold one hand just to balance your baby, does she take several steps forward (If your baby already walks alone, mark "yes" for this item.)  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Does your baby get into a crawling position by getting up on her hands and knees? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Total: _____

OVER

FINE MOTOR

1. After one or two tries, does your baby pick up a piece of string with his first finger and thumb? (*The string may be attached to a toy.*)
2. Does your baby pick up a crumb or Cheerio with the tips of her thumb and a finger? She may rest her arm or hand on the table while doing it.
3. Does your baby put a small toy down, without dropping it, and then take his hand off the toy?
4. Without resting her arm or hand on the table, does your baby pick up a crumb or Cheerio with the tips of her thumb and a finger?
5. Does your baby throw a small ball with a forward arm motion? (If he simply drops the ball, mark "not yet" for this item.)
6. Does your baby help turn the pages of a book? (You may lift a page for him to grasp.)



YES	SOMETIMES	NOT YET
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total: _____

PERSONAL-SOCIAL

1. When you hold out your hand and ask for his toy, does your baby offer it to you even if he doesn't let go of it? (If he already lets go of the toy into your hand, mark "yes" for this item.)
2. When you dress your baby, does she push her arm through a sleeve once her arm is started in the hole of the sleeve?
3. When you hold out your hand and ask for his toy, does your baby let go of it into your hand?
4. When you dress your baby, does she lift her foot for her shoe, sock or pant leg?
5. Does your baby roll or throw a ball back to you so that you can return it to him?
6. Does your baby play with a doll or stuffed animal by hugging it?

YES	SOMETIMES	NOT YET
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total: _____