

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:	

14 Month Questionnaire

Child's name: _____

Today's Date: _____

Child's date of birth: _____

COMMUNICATION

	YES	SOMETIMES	NOT YET
1. 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"/>
2. When your baby wants something, does she tell you by pointing to it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Does your baby shake his head when he means "no" or "yes"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Does your baby point to, pat or try to pick up pictures in a book?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Does your baby say four or more words in addition to "mama" and "dada"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. When you ask her to, does your baby go into another room to find a familiar toy or object? (You might ask, "Where is your ball?" or "Bring me your coat," or "Go get your blanket".)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total: _____

GROSS MOTOR

1. If you hold both hands just to balance your baby, does he take several steps without tripping or falling? (If your baby already walks alone, mark "yes" for this item.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. When you hold one hand just to balance your baby, does she take several steps forward? (if you baby already walks alone, mark "yes" for this item.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Does your baby stand up in the middle of the floor by himself and take several steps forward?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Does your baby climb onto furniture or other large objects, such as large climbing blocks?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Does your baby bend over or squat to pick up an object from the floor and then stand up again without any support?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Does your baby move around by walking, rather than by crawling on his hands and knees?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total: _____

OVER

continued on back side

FINE MOTOR

1. Without resting her arm or hand on the table, does your baby pick up a rumb or Cheerio with the tips of her thumb and a finger?



YES SOMETIMES NOT YET

2. Does your baby throw a small ball with a forward arm motion? (If he simply drops the ball, mark "not yet" for this item.)



3. Does your baby help turn the pages of a book? (You may lift a page for her to grasp.)

4. Does your child stack a small block or toy on top of another one? (You could also use spools of thread, small boxes or toys that are about 1 inch in size.)

5. Does your baby make a mark on the paper with the tip of a crayon (or pen or pencil) when trying to draw?



6. Does your baby stack three small blocks or toys on top of each other by herself?

Total: _____

PERSONAL-SOCIAL

1. When you dress your baby, does she lift her foot for her shoe, sock or pant leg?

2. Does your baby roll or throw a ball back to you so that you can return it to him?

3. Does your baby play with a doll or stuffed animal by hugging it?

4. Does your baby feed herself with a spoon, even though she may spill some food?

5. Does your baby help undress himself by taking off clothes like socks, hat, shoes or mittens?

6. Does your baby get your attention or try to show you something by pulling on your hand or clothes?

Total: _____