

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:	

15 Month Questionnaire

Child's name: _____

Today's Date: _____

Child's date of birth: _____

COMMUNICATION

	YES	SOMETIMES	NOT YET
1. Does your child point to, pat, or try to pick up pictures in a book?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Does your child say four or more words in addition to "Mama" and "Dada"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. When your child wants something, does he tell you by pointing at it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. When you ask your child to, does he go into another room to find a familiar toy or object (i.e. a toy)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Does your child imitate a two-word sentence? (for example, if you say "mama eat", "Daddy play" or "go home", does your child say both words back to you?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Does your child say eight or more words in addition to "Mama" and "Dada"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total: _____

GROSS MOTOR

1. Does your child stand up in the middle of the floor by himself and take several steps forward?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Does your child climb onto furniture or other large objects, such as large climbing blocks?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Does your child bend over or squat to pick up an object from the floor and then stand up again without support?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Does your child move around by walking, rather than crawling on his hands and knees?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Does your child walk well and seldom fall?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Does your child climb on an object such as a chair to reach something he wants? (For example, to get a toy on a counter or to "help" you in the kitchen?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total: _____

(over)

FINE MOTOR

YES SOMETIMES NOT YET

- | | | | |
|---|-----------------------|-----------------------|-----------------------|
| 1. Does your child help turn the pages of a book? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Does your child throw a small ball with a forward arm motion? (Note: if he/she simply drop the ball, mark "not yet" for this item,") | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Does your child stack a small block or toy on top of another one? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Does your child stack three small blocks or toys on top of each other by herself? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Does your child make a mark on the paper with the tip of the crayon (or pencil or pen) when trying to draw? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Does your child turn the pages of a book by herself? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Total: _____

PERSONAL-SOCIAL

YES SOMETIMES NOT YET

- | | | | |
|---|-----------------------|-----------------------|-----------------------|
| 1. Does your child feed herself with a spoon, even though she may spill some food? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Does your child help undress herself by taking off clothes like socks, hat or shoes? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Does your child play with a doll or stuffed animal by hugging it? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. While looking at herself in the mirror, does she offer toy to her own image? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Does your child get your attention or try to show you something by pulling on your hand or clothes? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Does your child come to you when she needs help, such as with winding up a toy or unscrewing a lid from a jar? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Total: _____