

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:	

22 Month Questionnaire

Child's name: _____

Today's Date: _____

Child's date of birth: _____

COMMUNICATION

- | | YES | SOMETIMES | NOT YET |
|---|-----------------------|-----------------------|-----------------------|
| 1. If you point to a picture of a ball (kitty, cup, hat, etc.) and ask your child, "what is this?" does your child correctly name at least one picture? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Without your giving him clues by pointing or using gestures, can your child carry out at least three of these kinds of directions? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> a. "Put the toy on the table." | | | |
| <input type="radio"/> b. "Close the door." | | | |
| <input type="radio"/> c. "Bring me a towel." | | | |
| <input type="radio"/> d. "Find your coat." | | | |
| <input type="radio"/> e. "Take my hand." | | | |
| <input type="radio"/> f. "Get your book." | | | |
| 3. When you ask your child to point to her nose, eyes, hair, feet, ears and so forth, does she correctly point to at least seven body parts? (<i>She can point to parts of herself, your or a doll. Mark "sometimes" if she correctly points to at least three different body parts.</i>) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Does your child say 15 or more words in addition to "mama" and "dada"? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Does your child correctly use at least two words like "me", "I", "mine" and "you"? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. If you point to a picture of a ball (kitty, cup, hat, etc.) and ask your child, "What is this?" does your child correctly name at least one picture? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Total: _____

GROSS MOTOR

- | | | | |
|---|-----------------------|-----------------------|-----------------------|
| 1. Does your child climb on an object such as a chair to reach something he wants (for example, to get at toy on a counter or to "help you in the kitchen)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Does your child walk well and seldom fall? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Does your child walk down stairs if you hold onto one of her hands? She may also hold onto the railing or wall. (You can look for this at a store, on a playground or at home.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. When you show your child how to kick a large ball, does he try to kick the ball by moving his leg forward or by walking into it? (If your child already kicks a ball, mark "yes" for this answer.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

continued on back side



- 5. Does your child run fairly well, stopping herself without bumping into things or falling?
- 6. Does your child walk either up or down at least two steps by himself? He may also hold onto the railing or wall.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total: _____

FINE MOTOR

YES SOMETIMES NOT YET

- 1. Does your child make a mark on the paper with the tip of a crayon (or pencil or pen) when trying to draw?
- 2. Does your child stack three small blocks or toys on top of each other by herself? (You can also use pools of thread, small boxes or toys that are about 1 inch in size.)
- 3. Does your child turn the pages of a book by himself? (He may turn more than one page at a time.)
- 4. Does your child get a spoon into her mouth right side up so that the food usually doesn't spill?
- 5. Does your child stack six small blocks or toys on top of each other by himself?
- 6. Does your child use a turning motion with her hand while trying to turn doorknobs, wind up toys, twist tops, or screw lids on and off jars?

<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

YES SOMETIMES NOT YET

- 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?

<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: _____