



## 12 Month Health Maintenance Questionnaire

Patient Name \_\_\_\_\_

Who accompanied child today?  
(name and relationship to child)

\_\_\_\_\_  
\_\_\_\_\_

Who does child live with?

\_\_\_\_\_  
\_\_\_\_\_

Any Chronic health problems?

\_\_\_\_\_  
\_\_\_\_\_

Concerns about the above health problems?

\_\_\_\_\_  
\_\_\_\_\_

New or recent health concerns?

\_\_\_\_\_  
\_\_\_\_\_

**Feedings:**

What type of milk is your baby getting?

\_\_\_\_\_

Method of milk feeding?

Cup    Breast    Bottle

Using mostly table food or baby foods?

\_\_\_\_\_

Finger Feeding some foods?

Yes    No

Does your child or any household member  
drink water from a private well?  
(consider vacation homes, relative's or  
friend's homes, daycare or school)

Yes    No

Any concerns with stooling or urination?

\_\_\_\_\_

***Over Please***

***If you do not understand any of these questions, please ask your nurse.***

**Sleep pattern:**

Average hours of nighttime sleep: \_\_\_\_\_

Number of naps: \_\_\_\_\_

Length of naps: \_\_\_\_\_

Where does your child sleep? \_\_\_\_\_

Please list current medications: \_\_\_\_\_

Any allergies to medicine? \_\_\_\_\_

**Does your baby:**

Bang 2 cubes held in hand? Yes No

Pull to stand and walk or take steps w/ support? Yes No

Stand alone? Yes No

Place objects inside of other objects? Yes No

Wave bye-bye? Yes No

Imitate vocalizations and sounds? Yes No

Speak one or two words? Yes No

Jabber with inflections of normal speech? Yes No

Follow simple directions? Yes No

Imitate activities? **combing hair, doing housework, brushing teeth?** Yes No

Does your child point to things to get you to look? Yes No

**Tuberculosis Screening Questionnaire:**

Does your child have contact with adults with TB infection?

Yes No

Is child or parent from a region of the world with high prevalence of TB?

Yes No

Is child frequently exposed to immunosuppressed persons, homeless people, nursing home residents, or migrant workers?

Yes No

Does either parent or other individual living in home work in a medically related field or have contact with institutionalized individuals or nursing home residents?

Yes No

***If you do not understand any of these questions, please ask your nurse.***