



## 18 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

Tolerating most table foods?

Yes    No

Any concerns with stooling or urination?

\_\_\_\_\_

**Sleep pattern:**

Average hours of nighttime sleep:

\_\_\_\_\_

Number of naps:

\_\_\_\_\_

Length of naps:

\_\_\_\_\_

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

Are there any smokers in the household? \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

**Does your baby:**

Walk alone well? Yes No

Walk backwards? Yes No

Stoop over and recover objects from floor? Yes No

Scribble? Yes No

Feed self; starting to use a spoon? Yes No

Tower two cubes/objects? Yes No

**Tuberculosis Screening Questionnaire:**

Does your child have contact with adults with TB infection?

Yes No

Is child or parent are from region of 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

**Cholesterol Risk Assessment Questionnaire:**

Parent or Grandparent with heart disease or stroke under the age of 55?

Yes No

Parent or Grandparent with elevated cholesterol >240?

Yes No

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



# CSBS DP Infant-Toddler Checklist

Child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Date filled out: \_\_\_\_\_

Was birth premature? \_\_\_\_\_ If yes, how many weeks premature? \_\_\_\_\_

Filled out by: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**Instructions for caregivers:** This Checklist is designed to identify different aspects of development in infants and toddlers. Many behaviors that develop before children talk may indicate whether or not a child will have difficulty learning to talk. This Checklist should be completed by a caregiver when the child is between **6 and 24 months of age** to determine whether a referral for an evaluation is needed. The caregiver may be either a parent or another person who nurtures the child daily. Please check all the choices that best describe your child's behavior. If you are not sure, please choose the closest response based on your experience. **Children at your child's age are not necessarily expected to use all the behaviors listed.**

## Emotion and Eye Gaze

- 1. Do you know when your child is happy and when your child is upset?  Not Yet  Sometimes  Often
- 2. When your child plays with toys, does he/she look at you to see if you are watching?  Not Yet  Sometimes  Often
- 3. Does your child smile or laugh while looking at you?  Not Yet  Sometimes  Often
- 4. When you look at and point to a toy across the room, does your child look at it?  Not Yet  Sometimes  Often

## Communication

- 5. Does your child let you know that he/she needs help or wants an object out of reach?  Not Yet  Sometimes  Often
- 6. When you are not paying attention to your child, does he/she try to get your attention?  Not Yet  Sometimes  Often
- 7. Does your child do things just to get you to laugh?  Not Yet  Sometimes  Often
- 8. Does your child try to get you to notice interesting objects—just to get you to look at the objects, not to get you to do anything with them?  Not Yet  Sometimes  Often

## Gestures

- 9. Does your child pick up objects and give them to you?  Not Yet  Sometimes  Often
- 10. Does your child show objects to you without giving you the object?  Not Yet  Sometimes  Often
- 11. Does your child wave to greet people?  Not Yet  Sometimes  Often
- 12. Does your child point to objects?  Not Yet  Sometimes  Often
- 13. Does your child nod his/her head to indicate yes?  Not Yet  Sometimes  Often

## Sounds

- 14. Does your child use sounds or words to get attention or help?  Not Yet  Sometimes  Often
- 15. Does your child string sounds together, such as *uh oh, mama, gaga, bye bye, bada*?  Not Yet  Sometimes  Often
- 16. About how many of the following consonant sounds does your child use:  
*ma, na, ba, da, ga, wa, la, ya, sa, sha*?  None  1-2  3-4  5-8  over 8

## Words

- 17. About how many different words does your child use meaningfully that you recognize (such as *baba* for bottle; *gaggie* for doggie)?  None  1-3  4-10  11-30  over 30
- 18. Does your child put two words together (for example, *more cookie, bye bye Daddy*)?  Not Yet  Sometimes  Often

## Understanding

- 19. When you call your child's name, does he/she respond by looking or turning toward you?  Not Yet  Sometimes  Often
- 20. About how many different words or phrases does your child understand without gestures? For example, if you say "where's your tummy," "where's Daddy," "give me the ball," or "come here," without showing or pointing, your child will respond appropriately.  None  1-3  4-10  11-30  over 30

## Object Use

- 21. Does your child show interest in playing with a variety of objects?  Not Yet  Sometimes  Often
- 22. About how many of the following objects does your child use appropriately: cup, bottle, bowl, spoon, comb or brush, toothbrush, washcloth, ball, toy vehicle, toy telephone?  None  1-2  3-4  5-8  over 8
- 23. About how many blocks (or rings) does your child stack? **Stacks**  None  2 blocks  3-4 blocks  5 or more
- 24. Does your child pretend to play with toys (for example, feed a stuffed animal, put a doll to sleep, put an animal figure in a vehicle)?  Not Yet  Sometimes  Often

Do you have any concerns about your child's development?  yes  no **If yes, please describe on back.**



# CSBS DP Infant-Toddler Checklist: Screening Report

Child's name: \_\_\_\_\_ Date filled out: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Chronological age<sup>1</sup>: \_\_\_\_\_

<sup>1</sup>If child is 4 or more weeks premature, use corrected age. Calculate chronological age by subtracting Date of birth from Date the Checklist was filled out.

## Checklist Results

Predictor	Raw Score	Standard Score <sup>a,b</sup>	Percentile Rank <sup>b</sup>	Concern <sup>c</sup>
Emotion and Eye Gaze				
Communication				
Gestures				
<b>SOCIAL COMPOSITE</b>				
Sounds				
Words				
<b>SPEECH COMPOSITE</b>				
Understanding				
Object Use				
<b>SYMBOLIC COMPOSITE</b>				
<b>TOTAL</b>				

<sup>a</sup> The standard scores are based on a mean of 10 and SD of 3 for the Composite Scores and a mean of 100 and SD of 15 for the Total Score. (Refer to the *CSBS DP Manual, First Normed Edition*, for standard scores and tables of norms.)

<sup>b</sup> Criterion levels for concern are set at more than 1.25 SD below the mean as follows: Standard Scores at or below 6 for the Composite Scores and 81 for the Total Score; Percentiles at or below 10. (Refer to the *CSBS DP Manual, First Normed Edition*, for standard scores, percentiles, and tables of norms.)

<sup>c</sup> After filling in Standard Score and Percentile Rank, if below criterion level, write Yes in the Concern box. If at or above criterion level, leave blank. A child should be referred for an evaluation if the Social Composite, Symbolic Composite, or the Total Score is below criterion level. A child should be monitored carefully if the Speech Composite is below criterion level; administer a Checklist again in 3 months, and if the child's scores remain below criterion level, refer for a developmental evaluation.

## Recommendation

Based on the information provided on the Infant-Toddler Checklist and the results shown above, the following recommendation is made at this time (check one):

- This child currently communicates as expected for his or her age. Because new skills are emerging each month, it is important to monitor this child's development by asking the child's caregiver to complete the Checklist again in 3 months.
- This child should be carefully monitored. Re-administer the Checklist in 3 months to determine if a developmental evaluation will become advisable.
- This child should be referred for a developmental evaluation.

**Cut-off Scores for the CSBS DP Infant-Toddler Checklist**

		COMPOSITES			TOTAL
		Social	Speech	Symbolic	
<b>6 months</b>	<b>No Concern</b>	8 to 26	2 to 14	3 to 17	13 to 57
	<b>Concern</b>	0 to 7	0 to 1	0 to 2	0 to 12
<b>7 months</b>	<b>No Concern</b>	8 to 26	2 to 14	3 to 17	14 to 57
	<b>Concern</b>	0 to 7	0 to 1	0 to 2	0 to 13
<b>8 months</b>	<b>No Concern</b>	8 to 26	4 to 14	4 to 17	16 to 57
	<b>Concern</b>	0 to 7	0 to 3	0 to 3	0 to 15
<b>9 months</b>	<b>No Concern</b>	9 to 26	4 to 14	4 to 17	18 to 57
	<b>Concern</b>	0 to 8	0 to 3	0 to 3	0 to 17
<b>10 months</b>	<b>No Concern</b>	12 to 26	5 to 14	5 to 17	23 to 57
	<b>Concern</b>	0 to 11	0 to 4	0 to 4	0 to 22
<b>11 months</b>	<b>No Concern</b>	13 to 26	5 to 14	6 to 17	25 to 57
	<b>Concern</b>	0 to 12	0 to 4	0 to 5	0 to 24
<b>12 months</b>	<b>No Concern</b>	14 to 26	6 to 14	7 to 17	28 to 57
	<b>Concern</b>	0 to 13	0 to 5	0 to 6	0 to 27
<b>13 months</b>	<b>No Concern</b>	15 to 26	6 to 14	8 to 17	29 to 57
	<b>Concern</b>	0 to 14	0 to 5	0 to 7	0 to 28
<b>14 months</b>	<b>No Concern</b>	16 to 26	7 to 14	9 to 17	33 to 57
	<b>Concern</b>	0 to 15	0 to 6	0 to 8	0 to 32
<b>15 months</b>	<b>No Concern</b>	18 to 26	7 to 14	10 to 17	35 to 57
	<b>Concern</b>	0 to 17	0 to 6	0 to 9	0 to 34
<b>16 months</b>	<b>No Concern</b>	18 to 26	7 to 14	11 to 17	36 to 57
	<b>Concern</b>	0 to 17	0 to 6	0 to 10	0 to 35
<b>17 months</b>	<b>No Concern</b>	18 to 26	7 to 14	11 to 17	37 to 57
	<b>Concern</b>	0 to 17	0 to 6	0 to 10	0 to 36
<b>18 months</b>	<b>No Concern</b>	18 to 26	8 to 14	11 to 17	38 to 57
	<b>Concern</b>	0 to 17	0 to 7	0 to 10	0 to 37
<b>19 months</b>	<b>No Concern</b>	18 to 26	8 to 14	11 to 17	38 to 57
	<b>Concern</b>	0 to 17	0 to 7	0 to 10	0 to 37
<b>20 months</b>	<b>No Concern</b>	19 to 26	8 to 14	12 to 17	39 to 57
	<b>Concern</b>	0 to 18	0 to 7	0 to 11	0 to 38
<b>21 months</b>	<b>No Concern</b>	19 to 26	9 to 14	12 to 17	40 to 57
	<b>Concern</b>	0 to 18	0 to 8	0 to 11	0 to 39
<b>22 months</b>	<b>No Concern</b>	19 to 26	9 to 14	12 to 17	40 to 57
	<b>Concern</b>	0 to 18	0 to 8	0 to 11	0 to 39
<b>23 months</b>	<b>No Concern</b>	19 to 26	9 to 14	13 to 17	42 to 57
	<b>Concern</b>	0 to 18	0 to 8	0 to 12	0 to 41
<b>24 months</b>	<b>No Concern</b>	19 to 26	10 to 14	13 to 17	42 to 57
	<b>Concern</b>	0 to 18	0 to 9	0 to 12	0 to 41
		<b>Social</b>	<b>Speech</b>	<b>Symbolic</b>	<b>TOTAL</b>