



24 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:

Does your child:		
Feed him/herself well?	Yes	No
Use a spoon or fork?	Yes	No
Drink from a cup with one hand?	Yes	No
Have any foods he/she cannot tolerate?	Yes	No

If yes, list: _____

Eat a variety of food?	Yes	No
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If no, what does child eat? _____

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
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Any concerns with stooling or urination? _____

Is your child showing interest in toilet training?	Yes	No
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Over Please

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

Sleep pattern:

Average hours of nighttime sleep: _____

Any nighttime awakenings?

Yes No

Number of Naps? _____

Please list current medications: _____

Any allergies to medicine? _____

Does your baby:

Walk up and down stairs holding onto support? (parent or stair rail)

Yes No

Jump up?

Yes No

Kick a ball forward?

Yes No

Throw a ball overhand?

Yes No

Scribble spontaneously?

Yes No

Stack 4-6 blocks?

Yes No

Enjoy imitating adults?

Yes No

Remove a piece of clothing?

Yes No

Attempt to put on clothing?

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

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.**