

Child's Name _____

Child's Birth Date _____

Please fill out the following questionnaire. It will allow the provider to focus on your main concerns during the visit, and allow more time for discussion.

Review of Nutrition

	Yes	No
Is your child drinking whole milk, limited to 2-3 cups per day?	()	()
Is your child weaned off of the bottle and drinking from a cup?	()	()
Does she/he eat a variety of fruits, vegetables, cereals, dairy products, meats and table foods?	()	()
Is juice limited to 0-1 cups per day?	()	()
Are you brushing your child's teeth?	()	()
Is your child stooling comfortably?	()	()

Sleep

	Yes	No
Can your child sleep through the night?	()	()
Does your child sleep in her/his own crib or bed?	()	()

Social Screening

	Yes	No
What are your current child-care arrangements?		
Are things going well overall for your family?	()	()
Is your home smoke-free? (choose "No" even if smoking is outside)	()	()
Are cabinet locks, outlet plugs, stair-gates, and window guards installed where necessary?	()	()
Was your home built after 1979?	()	()
Tuberculosis (TB) risk?		
1. Contact with person who has tuberculosis	()	()
2. Your child is immuno-suppressed (HIV, cancer, chronic steroids)	()	()
3. Birth or travel to endemic Tuberculosis areas (Africa, Asia, Latin America, Caribbean)	()	()
4. Regular contact with adults at high risk for TB (Homeless, Jailed, Illegal drug user, HIV positive person, migrant farm worker, nursing home resident)	()	()

Developmental Screening

	Yes	No
Does your child know 6-10 words?	()	()
Does your child walk up steps with hand held?	()	()
Can your child point to some body parts?	()	()
Can your child tell you what she/he wants without crying/whining (points or uses words instead)?	()	()
Does your child run?	()	()
Can your child kick a ball?	()	()
Can your child drink from a regular cup?	()	()
Does your child hide and find objects?	()	()

(Continued on Other Side)

Has your child had any significant illnesses since the last time we saw you? If yes, please describe:

Are there any new stresses on your family since the last time we saw you? If yes, please describe:

Current concerns not listed above:

Modified Checklist for Autism in Toddlers (M-CHAT) University of Connecticut Department of Psychology

Please fill out the following about how your child **usually** is. Please try to answer every question. If the behavior is rare (e.g., you've seen it once or twice), please answer as if the child does not do it.

	Yes	No
Does your child enjoy being swung, bounced on your knee, etc.?	()	()
Does your child take an interest in other children?	()	()
Does your child like climbing on things, such as up stairs?	()	()
Does your child enjoy playing peek-a-boo/hide-and-seek?	()	()
Does your child ever pretend, for example, to talk on the phone or take care of a doll or pretend other things?	()	()
Does your child ever use his/her index finger to point, to indicate interest in something?	()	()
Can your child play properly with toys (e.g., cars or bricks) without just mouthing, fiddling, or dropping them?	()	()
Does your child ever bring objects over to you (parent) to show you something?	()	()
Does your child look you in the eye for more than a second or two?	()	()
Does your child ever seem oversensitive to noise? (e.g., plugging ears)	()	()
Does your child smile in response to your face or your smile?	()	()
Does your child imitate you? (e.g., you make a face-will your child imitate it?)	()	()
Does your child respond to his/her name when you call?	()	()
If you point at a toy across the room, does your child look at it?	()	()
Does your child walk?	()	()
Does your child look at things you are looking at?	()	()
Does your child make unusual finger movements near his/her face?	()	()
Does your child try to attract your attention to his/her own activity?	()	()
Have you ever wondered if your child is deaf?	()	()
Does your child understand what people say?	()	()
Does your child sometimes stare at nothing or wander with no purpose?	()	()
Does your child look at your face to check your reaction when faced with something unfamiliar?	()	()