

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?	()	()
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?	()	()
Does she/he feed her/himself?	()	()
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?		
Is your home smoke-free? (choose "No" even if smoking is outside)	()	()
Do you read to your child 3 or more times per week?	()	()
Is your water heater set at 120° or lower?	()	()
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
Will play peek-a-boo (wait for parent to re-appear)?	()	()
Imitates activities and sounds?	()	()
Walks with support?	()	()
Walks on own?	()	()
Makes "mama" or "dada" sounds?	()	()
Additional words?	()	()
Waves bye bye?	()	()
Points?		
Follows simple instructions?		
Uses "pincer grasp" between thumb and fingers to pick up small objects?		
Prefers parent over other adults?		
Drinks from a cup?		

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:
