

12 Month Pre-Visit Questionnaire

Instructions: Please answer the questions below about your child by circling or putting an X on the correct choice. These questions help us assess the health, development, and safety of your child.

General Health

1. Do you have any concerns about your child's health?	NO	YES
2. Any concerns about managing your child's behavior?	NO	YES
3. Any problems with previous immunizations?	NO	YES

Feeding/Nutrition

4. Is your child breastfeeding still?	YES	NO
a. How often?		
5. Is your child taking formula or milk well?	YES	NO
a. How many ounces?		
b. What type of formula or milk?		
6. Is your child getting three meals of solid food per day?	YES	NO
7. Is your child feeding him or herself?	YES	NO
8. Can your child drink from a sippy cup?	YES	NO
9. Are you weaning from the bottle?	YES	NO
10. Does your child drink juice or other sweetened drinks?	NO	YES
11. Giving any vitamins or supplements?	YES	NO

Oral Health

12. Are cavities a problem for you or anyone in your family?	NO	YES
13. Does your child sleep with a bottle?	NO	YES
14. Does your child breast or bottle-feed in the night?	NO	YES
15. Are you using a soft toothbrush or cloth to clean your child's teeth two times per day?	YES	NO
16. Do you have a dentist for your child?	YES	NO
17. Does your water contain fluoride or is your child on a fluoride supplement?	YES	NO

Elimination

18. Problems with bowel movements (pooping)?	NO	YES
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Activity/Exercise/Screen time

19. Does your child watch TV?	NO	YES
20. Do you play with and read to your child every day?	YES	NO
21. Does your child get supervised floor time every day?	YES	NO

Sleep

22. Does your child sleep through the night?	YES	NO
23. Do you have a bedtime routine?	YES	NO

Social Stressors

24. Are you able to take time for yourself?	YES	NO
25. Any major changes or stresses in your family recently?	NO	YES
26. Do you ever worry your family will go hungry?	NO	YES
27. Do you have daycare concerns?	NO	YES

Development

28. Points to show wishes or interest?	YES	NO
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29. Babbles, imitates words and sounds?	YES	NO
30. Says one or two words?	YES	NO
31. Follows simple directions?	YES	NO
32. Hands you a book to read?	YES	NO
33. Waves bye-bye and plays peek-a-boo?	YES	NO
34. Bangs toys together?	YES	NO
35. Cries when you leave?	YES	NO
36. Eats finger foods with thumb and forefinger (pincer)?	YES	NO
37. Walks with minimal or no assistance?	YES	NO
38. Creeps up stairs?	YES	NO

Lead

39. Regularly spends time in a house built before 1978?	NO	YES
a. Any peeling or chipping paint?	NO	YES
b. Any recent, ongoing or planned remodeling?	NO	YES
40. Has a sibling or playmate who ever had lead poisoning?	NO	YES

Safety

41. Stay close enough to touch baby when in the bath?	YES	NO
42. Keep furniture away from windows or use window guards?	YES	NO
43. Does baby wear any jewelry (including necklaces)?	NO	YES
44. Do you have a gate on your stairs?	YES	NO
45. Crib mattress at the lowest position?	YES	NO
46. Is child exposed to anyone who smokes?	NO	YES
47. Is there a gun in the home?	NO	YES
a. Is it locked or in a safe?		
48. House has working smoke detectors and carbon monoxide detectors?	YES	NO
49. Do you hold or carry hot liquids around the baby?	NO	YES
50. Do you keep plastic bags and balloons away from child?	YES	NO
51. Child rides in a rear-facing safety seat, in the back seat?	YES	NO
52. Water heater turned to below 120 degrees?	YES	NO
53. Barriers around space heaters, wood stoves, etc.?	YES	NO
54. Household cleaners, chemicals, and medicines locked up?	YES	NO
55. Do you have the number for Poison Control?	YES	NO
56. Swimming pool, pond, or lake near your home?	NO	YES

Tuberculosis

57. Has a family member or contact had tuberculosis disease?	NO	YES
58. Has a family member had a positive TB skin test (PPD)?	NO	YES
59. Was your child born in a high-risk country (countries other than the U.S., Canada, Australia, or Western Europe)?	NO	YES
60. Has your child traveled to a high-risk country for more than a week?	NO	YES

Review of Systems

61. Any concerns about your child's hearing?	NO	YES
62. Any concerns about your child's vision?	NO	YES
63. Does your child ever appear cross-eyed?	NO	YES