

Health Information Update (18 Months Old)

INTAKE

How many ounces of milk does your child drink/day? _____ Ounces What kind? _____

Does your child drink milk with meals? Yes No

Does your child drink from a bottle? Yes No Does your child drink from a sippy cup? Yes No

How many meals per day does your child eat? _____ How many snacks per day? _____

How many servings/**DAY** does your child have of: _____ Cheese/Yogurt _____ Fruits _____ Veggies

How many servings/**DAY** does your child have of: _____ Whole Grains _____ Grains

How many servings/**WEEK** does your child have of: _____ Red Meat _____ White Meat

How many servings/**WEEK** does your child have of: _____ Fish _____ Eggs _____ Peanut butter _____ Beans

How many ounces/**DAY** does your child have of: _____ Juice _____ Pop

How often does your child eat sweets? 15 >x/wk 8-14x/wk <8x/wk

OUTPUT

How many stools does your child have per week? _____ What is the consistency? _____

SLEEP

Where does your baby sleep? Parent's room Own room Room with sibling

Do you have a bedtime routine? Yes No Do you read to your child before bed? Yes No

Do you put your child in the crib drowsy but awake? Yes No

Bedtime _____ pm Wake time _____ am

Does your child wake at night? Yes No If yes, how many times? _____

What do you usually do when your child wakes up during the night? _____

How many naps/day does your child take? _____ How long are the naps? _____ hours/nap

SAFETY

Does your child ride in a 5-point harness car seat? Yes No

In the car seat, does your child face: Forward Backward

CHILDCARE/SCHOOL

Who is with your child most of the time? Mom Dad Babysitter Family member

If your child is in daycare, what type? Large commercial Small commercial In-home

BEHAVIOR/DEVELOPMENT

Describe your child's temperament (happy, fussy, calm, etc.) _____

How do you discipline your child when needed? (distraction, re-direction) _____

OTHER

How many hours of screen time does your child watch per day? _____

List any medications or vitamins/supplements your child takes: _____

Do you need any medication refills? _____

Concerns? _____

M-CHAT (AUTISM SCREENING QUESTIONNAIRE)

The M-CHAT is a parent-response screen for autism and related disorders.

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 dolls, or pretend other things?	_____	_____
Does your child every use his/her index finger to point, to ask for something?	_____	_____
Does your child every use his/her index finger to point, to indicate interest in something?	_____	_____
Can your child play properly with small toys (e.g. cars or bricks) without just mouthing, fiddling, or dropping them?	_____	_____
Does your child every 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 a 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 when faced with something unfamiliar?	_____	_____

Ages and Stages - 18 Month	Yes	Sometimes	Not Yet
Communication			
1. When your child wants something, does she tell you by pointing to it?			
2. When you ask your child to, does he go into another room to find a familiar toy or object? (You might ask, "Where is your ball?" or say, "Bring me your coat," or "Go get your blanket.")			
3. Does your child say eight or more words in addition to "Mama" and "Dada"?			
4. Does your child imitate a two-word sentence? For example, when you say a two-word phrase, such as "Mama eat", "Daddy play", "Go home", or "What's this?" does your child say both words back to you? (Mark "yes" even if her words are difficult to understand.)			
5. Without your showing him, does your child point to the correct picture when you say, "Show me the kitty", or ask, "Where is the dog?" (He needs to identify only one picture correctly.)			
6. Does your child say two or three words that represent different ideas together, such as "See dog", "Mommy come home", or "Kitty gone"? (Don't count word combinations that express one idea, such as "bye-bye", "all gone", "all right", and "What's that?")			
Gross Motor			
1. Does your child bend over or squat to pick up an object from the floor and then stand up again without any support?			
2. Does your child move around by walking, rather than crawling on her hands and knees?			
3. Does your child bend over or squat to pick up an object from the floor and then stand up again without any support?			
4. Does your child walk well and seldom fall?			
5. Does your child climb on an object such as a chair to reach something he wants (for example, to get a toy on a counter or to "help" you in the kitchen)?			
6. When you show your child how to kick a large ball, does he try to kick the ball by moving his leg forward or by walking into it? (If your child already kicks a ball, mark "yes" for this item.)			
Fine Motor			
1. Does your child throw a small ball with a forward arm motion? (If he simply drops the ball, mark "not yet" for this item.)			
2. Does your child stack a small block or toy on top of another one? (You could also use spools of thread, small boxes, or toys that are about 1 inch in size.)			
3. Does your child make a mark on the paper with the tip of a crayon (or pencil or pen) when trying to draw?			
4. Does your child stack three small blocks or toys on top of each other by herself?			
5. Does your child turn the pages of a book by himself? (He may turn more than one page at a time.)			
6. Does your child get a spoon into her mouth right side up so that the food usually doesn't spill?			
Problem Solving			
1. Does your child drop several small toys, one after another, into a container like a bowl or box? (You may show him how to do it.)			
2. After you have shown your child how, does she try to get a small toy that is slightly out of reach by using a spoon, stick, or similar tool?			
3. After a crumb or Cheerio is dropped into a small, clear bottle, does your child turn the bottle upside down to dump it out? (You may show her how.)			
4. Without your showing her how, does your child scribble back and forth when you give her a crayon (or pencil or pen)?			
5. After watching you draw a line from the top of the paper to the bottom with a crayon (or pencil or pen), does your child copy you by drawing a single line on the paper in any direction? (Make "not yet" if your child scribbles back and forth.)			
6. After a crumb or Cheerio is dropped into a small, clear bottle, does your child turn the bottle upside down to dump out the crumb or Cheerio? (Do not show him how.)			
Personal-Social			
1. While looking at himself in the mirror, does your child offer a toy to his own image?			
2. Does your child play with a doll or stuffed animal by hugging it?			
3. Does your child get your attention or try to show you something by pulling on your hand or clothes?			
4. Does your child come to you when she needs help, such as with winding up a toy or unscrewing a lid from a jar?			
5. Does your child drink from a cup or glass, putting it down again with little spilling?			
6. Does your child copy the activities you do, such as wipe up a spill, sweep, shave, or comb hair?			