

Health Information Update (14 Months Old)

INTAKE

- How many ounces of milk does your child drink/day? _____ Ounces Type? _____
- 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 child 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
- 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? _____

Ages and Stages - 14 Month	Yes	Sometimes	Not Yet
Communication			
1. Does your baby say three words, such as "Mama", "Dada", and "Baba"? (A "word" is a sound or sounds your baby says consistently to mean someone or something.)			
2. When your baby wants something, does he tell you by pointing to it?			
3. Does your baby shake his head when he means "no" or "yes"?			
4. Does your baby point to , pat, or try to pick up pictures in a book?			
5. Does your baby say four or more words in addition to "Mama" and "Dada"?			
6. When you ask her to, does your baby 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.")			
Gross Motor			
1. If you hold both hands just to balance your baby, does he take several steps without tripping or falling? (If your baby already walks alone, mark "yes" for this item.)			
2. When you hold one hand just to balance your baby, does she take several steps forward? (If your baby already walks alone, mark "yes" for this item.)			
3. Does your baby stand up in the middle of the floor by himself and take several steps forward?			
4. Does your baby climb onto furniture or other large objects, such as large climbing blocks?			
5. Does your baby bend over or squat to pick up an object from the floor and then stand up again without any support?			
6. Does your baby move around by walking, rather than by crawling on his hands and knees?			
Fine Motor			
1. Without resting her arm or hand on the table, does your baby pick up a crumb or Cheerio with the tips of her thumb and a forefinger?			
2. Does your baby throw a small ball with a forward arm motion? (If he simply drops the ball, mark "not yet" for this item.)			
3. Does your baby help turn the pages of a book? (You may lift a page for him to grasp.)			
4. Does your baby 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.)			
5. Does your baby make a mark on the paper with the tip of a crayon (or pencil or pen) when trying to draw?			
6. Does your baby stack three small blocks or toys on top of each other by herself?			
Problem Solving			
1. If you put a small toy into a bowl or box, does your baby copy you by putting in a toy, although she may not let go of it? (If she already lets go of the toy into a bowl or box, mark "yes" for this item.)			
2. Does your baby drop two small toys, one after the other, into a container like a bowl or box? (You may show him how to do it.)			
3. After you scribble back and forth on paper with a crayon (or a pencil or pen), does your baby copy you by scribbling? (If she already scribbles on her own, mark "yes" for this item.)			
4. Can your baby drop a crumb or Cheerio into a small, clear bottle (such as a plastic soda-pop bottle or baby bottle)?			
5. Does your baby drop several small toys, one after another, into a container like a bowl or box? (You may show her how to do it.)			
6. After you have shown your baby how, does he try to get a small toy that is slightly out of reach by using a spoon, stick, or similar tool?			
Personal-Social			
1. When you dress your baby, does she lift her foot for her shoe, sock, or pant leg?			
2. Does your baby roll or throw a ball back to you so that you can return it to him?			
3. Does your baby play with a doll or stuffed animal by hugging it?			
4. Does your baby feed herself with a spoon, even though she may spill some food?			
5. Does your baby help undress himself by taking off clothes like socks, hat, shoes, or mittens?			
6. Does your baby get your attention or try to show you something by pulling on your hand or clothes?			