

Health Information Update (30 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

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? _____

Does your child hold his/her stool? Yes No

Is your child showing signs of toilet training readiness? Yes No

Is your child toilet trained? Yes No

SLEEP

What room does your child sleep in? Parent's room Own room Room with sibling

Where does your child sleep? Crib Own Bed Parents Bed

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 awake? Yes No

Is screen time (tv, computer, ipad) part of your child's bedtime routine? 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

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 In-home

BEHAVIOR/DEVELOPMENT

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

How do you discipline your child when needed? _____

OTHER

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

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

Do you need any medication refills? _____

Concerns? _____

Dental Caries Prevention

- Do you have a dental home for your child? (Dentist to go to in case of dental emergency) Yes No
- Does your child have white spots of cavities on his/her teeth? Yes No
- Has mother or caregiver had a cavity in the last 12 months? Yes No
- Is there obvious decay on your child's teeth? Yes No
- Does your child have any fillings? Yes No
- Does your child frequently snack (2 or more/day)?..... Yes No
- Does mother or caregiver have frequent cavities? Yes No
- Does your child frequently drink from a sippy cup/bottle filled with liquid other than water? Yes No
- Does your child drink fluorinated water? Yes No
- Has your child had fluoride varnish in the last 6 months? Yes No
- Do you brush your child's teeth twice/day?..... Yes No

Ages and Stages - 30 Month	Yes	Sometimes	Not Yet
Communication			
1. If you point to a picture of a ball (kitty, cup, hat, etc.) and ask your child, "What is this?" does your child correctly name at least one picture?			
2. Without you giving him clues by pointing or using gestures, can your child carry out at least three of these kinds of directions? ("Put the toy on the table.", "Close the door.", "Bring me a towel.", "Find your coat.", "Take my hand.", "Get your book.")			
3. When you ask your child to point to her nose, eyes, hair, feet, ears, and so forth, does she correctly point to at least seven body parts? (She can point to parts of herself, you, or a doll. Mark "sometimes" if she correctly points to at least three different body parts.)			
4. Does your child make sentences that are three or four words long? Please give an example:			
5. Without giving your child help by pointing or using gestures, ask him to "put the book on the table" and "put the shoe under the chair." Does your child carry out both of these directions correctly?			
6. When looking at a picture book, does your child tell you what is happening or what action is taking place in the picture (for example, "barking", "running", "eating", or "crying")? You may ask, "What is the dog (or boy) doing?"			
Gross Motor			
1. Does your child run fairly well, stopping herself without bumping into things or falling?			
2. Does your child walk either up or down at least two steps by herself? She may hold onto the railing or wall.			
3. Without holding onto anything for support, does your child kick a ball by swinging his leg forward?			
4. Does your child jump with both feet leaving the floor at the same time?			
5. Does your child walk up stairs, using only one foot on each stair? (The left foot is on one step, and the right foot is on the next.) She may hold onto the railing or wall.			
6. Does your child stand on one foot for about 1 second without holding onto anything?			
Fine Motor			
1. Does your child use a turning motion with his hand while trying to turn doorknobs, wind up toys, twist tops, or screw lids on and off jars?			
2. If your child wants something she cannot reach, does she find a chair or box to stand on to reach it? (for example, to get a toy on a counter or to "help" you in the kitchen)			
3. Can your child string small items such as beads, macaroni, or pasta "wagon wheels" onto a string or shoelace?			
4. After your child watches you draw a line from one side of the paper to the other side, ask her to make a line like yours. Do not let your child trace your line. Does your child copy you by drawing a single line in a horizontal direction?			

5. After your child watches you draw a single circle, ask him to make a circle like yours. Do not let him trace your circle. Does your child copy you by drawing a circle?			
6. Does your child turn pages in a book, one page at a time?			
Problem Solving			
1. When looking in the mirror, ask, "Where is _____?" (Use your child's name.) Does your child point to her image in the mirror?			
2. If your child wants something she cannot reach, does she find a chair or box to stand on to reach it? (for example, to get a toy on a counter or to "help" you in the kitchen)			
3. While your child watches, line up four objects like blocks or cars in a row. Does your child copy or imitate you and line up four objects in a row? (You can also use spools of thread, small boxes, or other toys.)			
<p>4. When you point to the figure and ask your child, "What is this?" does your child say a word that means a person or something similar? (Mark "yes" for responses like "snowman", "boy", "man", "girl", "Daddy", "spaceman", and "monkey".) Please write your child's response here:</p> <div data-bbox="836 835 911 947" data-label="Image"> </div>			
5. When you say, "Say 'seven three'", does your child repeat just the two numbers in the same order? Do not repeat the numbers. If necessary, try another pair of numbers and say, "Say 'eight two'". Your child must repeat just one series of two numbers for you to answer "yes" to this question.			
6. After your child draws a "picture", even a simple scribble, does she tell you what she drew? (You may say, "Tell me about your picture", or ask, "What is this?" to prompt her.)			
Personal Social			
1. If you do any of the following gestures, does your child copy at least one of them? (Open and close your mouth, blink your eyes, pull on your earlobe, pat your cheek.)			
2. Does your child use a spoon to feed himself with little spilling?			
3. Does your child push a little wagon, stroller, or other toy on wheels, steering it around objects and backing out of corners if he cannot turn?			
4. Does your child put on a coat, jacket, or shirt by himself?			
5. After you put on loose-fitting pants around her feet, does your child pull them completely up to her waist?			
6. When your child is looking in a mirror and you ask, "Who is in the mirror?" does he say either "me" or his own name?			