

Health Information Update (24 Months Old)

INTAKE

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

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

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

How many servings/**DAY** does your child have of: _____ Cheese/yogurt

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

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

How often does your child eat sweets? >15 x/wk 8-15 x/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 to sleep awake? Yes No

Is there a TV or computer in your child's room? Yes No

Does your child watch the screen or play on a computer before or at bedtime? 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 In-home

BEHAVIOR/DEVELOPMENT

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

How do you discipline your child when needed? _____

OTHER

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

How many times per day do you brush your child's teeth? _____

What is your water source? City Community well Personal well Bottled water

Do you drink the tap water? Yes No

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 - 23 Month	Yes	Sometimes	Not Yet
Communication			
1. 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.)			
2. 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.)			
3. Without your 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.")			
4. 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.			
5. 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?") Please give an example of your child's word combinations:			
6. Does your child correctly use at least two words like "me", "I", "mine", and "you"?			
Gross Motor			
1. Does your child walk down stairs if you hold onto one of her hands? She may also hold onto the railing or wall. (You can look for this at a store, on a playground, or at home.)			
2. 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.)			
3. Does your child walk either up or down at least two steps by herself? She may hold onto the railing or wall.			
4. Does your child run fairly well, stopping herself without bumping into things or falling?			
5. Does your child jump with both feet leaving the floor at the same time?			
6. Without holding onto anything for support, does your child kick a ball by swinging his leg forward?			
Fine Motor			
1. Does your child get a spoon into her mouth right side up so that the food usually doesn't spill?			
2. Does your child turn the pages of a book by himself? (He may turn more than one page at a time.)			
3. 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?			
4. Does your child flip switches off and on?			
5. Does your child stack seven small blocks or toys on top of each other by herself? (You could also use spools of thread, small boxes, or toys that are about 1 inch in size.)			
6. Can your child string small items such as beads, macaroni, or pasta "wagon wheels" onto a string or shoelace?			

Problem Solving			
1. 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? (Mark "not yet" if your child scribbles back and forth.)			
2. 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.)			
3. Does your child pretend objects are something else? For example, does your child hold a cup to her ear, pretending it is a telephone? Does she put a box on her head, pretending it is a hat? Does she use a block or small toy to stir food?			
4. Does your child put things away where they belong? For example, does he know his toys belong on the toy shelf, his blanket goes on his bed, and dishes go in the kitchen?			
5. 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?)			
6. 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.)			
Personal-Social			
1. Does your child drink from a cup or glass, putting it down again with little spilling?			
2. Does your child copy the activities you do, such as wipe up a spill, sweep, shave, or comb hair?			
3. Does your child eat with a fork.			
4. When playing with either a stuffed animal or a doll, does your child pretend to rock it, feed it, change its diapers, put it to bed, and so forth?			
5. 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?			
6. Does your child call herself "I" or "me" more often than her own name? For example, "I do it", more often than "Juanita do it".			