

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

### Health Status Questionnaire – 18 Months

Child lives with: mother father both parents other: \_\_\_\_\_

Childcare: daycare babysitter stays at home other: \_\_\_\_\_

Feedings:

\_\_ cup \_\_ bottle(should be weaned) \_\_ breast \_\_ solid foods \_\_ meals \_\_ snacks  
whole milk: <16oz/day 16-24oz/day 24-30oz/day >30oz/day  
\_\_ picky eater \_\_ prefers milk \_\_ no water \_\_ lots of juice

Stool pattern: regular irregular hard runny soft

Sleep problems: Y N \_\_\_\_\_

Development concerns: none speech motor social cognitive vision hearing

Does your child:

Try to run?	Y	N
Walk backwards?	Y	N
Kick a ball?	Y	N
Throw a ball?	Y	N
Stack 2 blocks/items?	Y	N
Scribble?	Y	N
Follow simple commands?	Y	N
Say 4-10 words?	Y	N
Point to things he/she want?	Y	N
Try to use spoon/fork?	Y	N
Remove clothing?	Y	N
Imitate housework?	Y	N

Car seat use:	Y	N
Sunscreen:	Y	N
Insect protection:	Y	N
Home child proofed:	Y	N
Dental visit:	Y	N

Smoke detectors:	Y	N
Fire extinguishers:	Y	N
Firearms/guns in house:	Y	N
Locked away:	Y	N
Passive smoke exposure:	Y	N

(continue on back)

**M-CHAT-R (autism screen):**

- |                                                                                                                                                                 |   |   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| 1. If you point at something across the room, does your child look at it?<br>(if you point at a toy, does your child look at the toy?)                          | Y | N |
| 2. Have you ever wondered if your child might be deaf?                                                                                                          | Y | N |
| 3. Does your child play pretend or make-believe? (pretend to drink from cup,<br>talk on phone or feed a doll or stuffed animal?)                                | Y | N |
| 4. like climbing on things like furniture, playground equipment or stairs?                                                                                      | Y | N |
| 5. Does your child make unusual finger movements near his/her eyes?<br>(wiggle his/her fingers close to his/her eyes?)                                          | Y | N |
| 6. Does your child point with one finger to ask for something or to get help?<br>(pointing to a snack or toy that is out of reach)                              | Y | N |
| 7. Does your child point with one finger to show you something interesting?<br>(pointing to airplane in the sky or big truck in the road)                       | Y | N |
| 8. interested in other children?(watch other children, smile at them or go to them)                                                                             | Y | N |
| 9. show you things by bringing them to you or holding them up for you<br>to see-not to get help, but just to share?(showing you flower or toy)                  | Y | N |
| 10. Does your child respond when you call his or her name?<br>(look up, talk or babble, or stop what he/she is doing when called)                               | Y | N |
| 11. When you smile at your child, does he/she smile back at you?                                                                                                | Y | N |
| 12. get upset by everyday noises? (scream/cry to vacuum cleaner/loud music)                                                                                     | Y | N |
| 13. Does your child walk?                                                                                                                                       | Y | N |
| 14. look you in the eye when you are talking to, playing with or dressing him/her?                                                                              | Y | N |
| 15. copy what you do?(like wave bye-bye, clap or make funny noise)                                                                                              | Y | N |
| 16. If you turn your head to look at something, does your child look<br>around to see what you are looking at?                                                  | Y | N |
| 17. Does your child try to get you to watch him/her?<br>(look at you for praise, or say “look” or “watch me”)                                                   | Y | N |
| 18. understand when you tell him/her to do something? (if you don’t point,<br>can he/she understand “put the book on the chair”/ “bring me the blanket”)        | Y | N |
| 19. If something new happens, does he/she look at your face to see how you feel<br>about it?(if hears a strange/funny noise, or see new toy, look at your face) | Y | N |
| 20. like movement activities? (being swung or bounced on your knee)                                                                                             | Y | N |

Do you have any concerns about your child? \_\_\_\_\_