18 Month Pre-Visit Questionnaire

Instructions: *Please answer the questions below about your child by circling or putting an X on the correct choice. These questions help us assess the health, development, and safety of your child.*

General Health

1	Do you have any concerns about your child's health?	NO	YES
2	Has your child had any problems with shots or immunizations?	NO	YES
3	Does your child receive health care from anyone besides a medical doctor, nurse practitioner or physician's assistant (acupuncturist, chiropractor, naturopath)?	NO	YES

Review of Systems

4	Do you have any concerns about your child's hearing?	NO	YES
5	Do you have any concerns about your child's vision?	NO	YES

Feeding/Nutrition

6	Is your child drinking formula or milk well?	YES	NO
	a. Which kind of milk or formula?		
	b. How much milk per day?		
7	Is your child eating 5 servings of fruits and vegetables daily?	YES	NO
8	When your child eats grains (cereal, bread, pasta, crackers, waffles, rice, etc), are they mostly whole grains?	YES	NO
9	Does your family eat junk foods (chips, cookies, crackers, candy) and/or fast foods more than two or three days per week?	NO	YES
10	Do you keep away any foods that your child can choke on (raw vegetables, nuts, hot dogs, popcorn)?	YES	NO
11	Does your child drink from a bottle?	NO	YES
12	Does your child drink juice or other sweetened drinks?	NO	YES
13	Do you give your child any vitamins or supplements?	NO	YES
14	Are you worried about your child's weight?	NO	YES

Oral Health

15 Does your child see a dentist? **(If your answer is yes, please skip ahead to #20)**	YES	NO	
ANSWER #16-19 *ONLY* IF YOUR CHILD DOES *NOT* SEE A DENTIST			
16 Has any caregiver had cavities/dental decay in the past year?	NO	YES	
17 Does your child drink something other than water from a cup continually and/or snack frequently throughout the day?	NO	YES	
18 Does your water contain fluoride or is your child on a fluoride supplement?	YES	NO	NOT SURE
19 Do your brush your child's teeth with a fluoride-containing toothpaste (size of a grain of rice) twice daily?	YES	NO	

Elimination

20 Does your child have any problems with bowel movements (pooping)?	NO	YES

Activity / Exercise / Screen Time

21 Does your child have screen time (smartphone, tablet, TV)?	NO	YES
22 Do you play with your child every day?	YES	NO
23 Do you read to your child every day?	YES	NO

Sleep

24 Does your child sleep through the night?	YES	NO
25 Do you have a bedtime routine?	YES	NO
26 Does your child fall asleep on his/her own, in his/her own bed?	YES	NO

Social Stressors

27 Have there been any major changes or stresses in your family recently?	NO	YES	
28 Within the past 12 months have you worried that your food would run out before you got money to buy more?	NO	YES	SOMETIMES
29 Within the past 12 months did you run out of food and you didn't have money to get more?	NO	YES	SOMETIMES

Behavior

30 Do you have any questions about your child's behavior or how to discipline your child?	NO	YES
31 Do you praise your child when he/she is behaving well?	YES	NO

Lead

32	Is your child regularly in a house built before 1978?	NO	YES
	a. Is there any peeling or chipping paint or are you remodeling?	NO	YES
33	Does your child have a brother, sister, or playmate who ever had lead poisoning?	NO	YES

Safety

34	Is the crib mattress at the lowest position?	YES	NO	
35	Does anyone smoke or vape around your child?	NO	YES	
36	Do you have working smoke and carbon monoxide detectors in your home?	YES	NO	
37	Do you keep plastic bags and latex balloons away from your child?	YES	NO	
38	Does your child ride in a rear-facing safety seat, in the back seat?	YES	NO	
39	Do you keep your child away from the stove?	YES	NO	
40	Is there a swimming pool, pond or lake near your home?	NO	YES	
	a. If yes, is it secured so that your child cannot access it?	YES	NO	DOESN'T APPLY
41	Do you have a fire escape plan?	YES	NO	
42	Do you keep furniture away from windows or use window guards?	YES	NO	
43	Do you have a gate on your stairs?	YES	NO	
44	Do you have the number for Poison Control (1-800-222-1222)?	YES	NO	
45	Is there a gun in the home?	NO	YES	
	a. If yes, is it locked in a safe with the ammunition stored separately?	YES	NO	DOESN'T APPLY