Well child

Pre-visit questionnaire

12 month valid 12m 0d – 14m 31d

General

1.	List any concerns you want to discuss today:			
2.	Do you have concerns about managing your child's behavior?	No	Yes	
3.	Does your child ever look cross-eyed?	No	Yes	
4.	Does your child have screen time (smartphone, tablet, TV)?	No	Yes	

Nutrition

5.	Is your child taking breast milk, formula, or milk well?	Yes	No	
	a. What kind of milk or formula?			
	b. How many ounces per day?			
6.	If your child eating 3 meals of solid food per day?	Yes	No	
7.	Does your child drink juice or other sweetened drinks?	No	Yes	
8.	Does your child have any problems with bowel movements (poop)?	No	Yes	

Oral health

9.	Has your child started to see a dentist? (If so, skip to the next section.)	Yes	No	
	If not…			
	a. *Has any caregiver had cavities/dental decay in the past year?*	No	Yes	
	b. *Does your child drink something other than water from a cup continually and/or snack frequently throughout the day?*	No	Yes	
	c. *Does your water contain fluoride or is your child on a fluoride supplement?*	Yes	No	Not sure
	d. *Do your brush your child's teeth with a fluoride-containing toothpaste (size of a grain of rice) twice daily?*	Yes	No	

Social stressors

10.	Are you having any family stress?	No	Yes	
11.	Within the past 12 months have you worried that your food would run out before you got money to buy more?	Never	Sometimes	Often

Lead

12. Is your child regularly in a house built before 1978?	No	Yes	
13. Does your child have a brother, sister or playmate who had lead poisoning?	No	Yes	

Tuberculosis

14. Is your child at risk for infection with tuberculosis? (Includes children born in Africa, Asia, Latin America, or eastern Europe; children who have stayed with family in one of those places for more than a week, or if exposed to anyone with active TB.)	No	Yes	Not sure

Developmental milestones

Most children at this age will be able to do some (but not all) of the developmental tasks listed below. Please tell us how much your child is doing each of these things. Please be sure to answer all the questions.

Adapted from SWYC, 12 months

		Not yet	Somewhat	Very much
15.	*Picks up food and eats it*	☐	☐	☐
16.	*Pulls up to standing*	☐	☐	☐
17.	*Plays games like "peek-a-boo" or "pat-a-cake"*	☐	☐	☐
18.	*Calls you "mama" or "dada" or a similar name*	☐	☐	☐
19.	*Looks around when you say things like "Where's your bottle?" or "Where's your blanket?"*	☐	☐	☐
20.	*Copies sounds that you make*	☐	☐	☐
21.	*Walks across a room without help*	☐	☐	☐
22.	*Follows directions, like "Come here" or "Give me the ball"*	☐	☐	☐
23.	*Runs*	☐	☐	☐
24.	*Walks up stairs with little help*	☐	☐	☐

Safety checklist *Check all that apply.*	True	I have questions
25. I always stay close enough to touch my child when they are in the bath.	☐	☐
26. My child does not wear jewelry.	☐	☐
27. My child rides in a rear-facing safety seat, in the back seat.	☐	☐
28. We have working smoke/carbon monoxide detectors at home.	☐	☐
29. No one smokes or vapes around my child.	☐	☐
30. We apply sunscreen if out in the sun for longer than 15-30 minutes.	☐	☐
31. We don't have a seated infant walker with wheels (or we do, but our child has no access to stairs).	☐	☐
32. We have a gate on our stairs (or we don't have stairs in the home).	☐	☐
33. The crib mattress is at the lowest position.	☐	☐
34. The water heater is adjusted to below 120 degrees.	☐	☐
35. All our household cleaners, chemicals, knives and medicines are locked up or out of our child's reach.	☐	☐
36. There is a fence with a secure gate preventing our child from accessing the pool/lake/river near our home (or there is no pool, lake or river nearby).	☐	☐
37. Our gun is locked up, with the ammunition separate (or we don't have a gun).	☐	☐