

15 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 concerns about your child's health?	NO	YES
2	Has your child had any problems with shots or immunizations?	NO	YES

Review of Systems

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

Feeding/Nutrition

5	Is your child breastfeeding?	YES	NO
	a. How often?		
6	Is your child taking formula or milk well?	YES	NO
	a. Which kind of milk or formula?		
	b. How much milk per day?		
7	Does your child eat fruits or vegetables at every meal?	YES	NO
8	Do you feed your child mostly whole grains?	YES	NO
9	Do you keep away any foods that your child can choke on (raw vegetables, nuts, hot dogs, popcorn)?	YES	NO
10	Does your child still drink from a bottle?	NO	YES
11	Does your child drink juice or other sweetened drinks?	NO	YES
12	Do you give your child any vitamins or supplements?	NO	YES
13	Does your child snack more than 2 times a day?	NO	YES

Oral Health

14 Does your child fall asleep with a bottle and/or wake at night to breast or bottle feed?	NO	YES
15 Are you using a soft toothbrush or cloth to clean your child's teeth and 2 times per day?	YES	NO
16 Do you have a dentist for your child?	YES	NO
17 Does your water contain fluoride or is your child on a fluoride supplement?	YES	NO
18 Does your child only drink milk at meals?	YES	NO

Elimination

19 Does your child have any problems with bowel movements (pooping)?	NO	YES
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Activity / Exercise / Screen Time

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

Sleep

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

Development

(If you are completing the Ages and Stages questionnaire please skip this section)

26 Does your child know at least one body part?	YES	NO
27 Does your child let you know when he/she wants something?	YES	NO
28 Does your child bring things over to show you?	YES	NO
29 Does your child babble a lot?	YES	NO
30 Does your child say 4-5 words clearly?	YES	NO
31 Does your child understand and follow simple commands?	YES	NO
32 Does your child walk well?	YES	NO
33 Can your child scribble?	YES	NO
34 Does your child copy things you do?	YES	NO

35 Can your child listen to a story?	YES	NO
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Social Stressors

36 Do you feel you receive the support you need?	YES	NO	
37 Have there been any major changes or stresses in your family recently?	NO	YES	
38 Within the past 12 months have you worried that your food would run out before you got money to buy more?	NO	YES	SOMETIMES
39 Within the past 12 months did you run out of food and you didn't have money to get more?	NO	YES	SOMETIMES
40 Does anyone in your life ever hurt you or your children?	NO	YES	

Behavior

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

Safety

43 Is the crib mattress at the lowest position?	YES	NO	
44 Does anyone smoke or vape around your child?	NO	YES	
45 Do you have working smoke and carbon monoxide detectors in your home?	YES	NO	
46 Do you keep plastic bags and latex balloons away from your child?	YES	NO	
47 Does your child ride in a rear-facing safety seat, in the back seat?	YES	NO	
48 Are all of your household cleaners, chemicals, and medicines locked up?	YES	NO	
49 Are you using a shade or sunscreen if your child is in the sun more than 15-30 minutes?	YES	NO	
50 If there is a swimming pool, pond or lake near your home, is it secured so that your child cannot access it?	N/A	YES	NO

Lead

51 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
52 Does your child have a brother, sister, or playmate who ever had lead poisoning?	NO	YES