



Developmental Screening Items		4	6	9	12	15	18	24	36
1	In the last 12 months, did your child's doctor or other health provider have you fill out a questionnaire about specific <b>concerns or observations</b> you may have about your child's <b>development, communication or social behaviors</b> ?				x	x	x	x	x
If yes to #1, Did this questionnaire ask about your <b>concerns or observations</b> about...									
1a	how your child <b>talks</b> or makes <b>speech sounds</b> ?				x	x	x		
1b	how your child <b>interacts with you and others</b> ?				x	x	x		
2a	<b>words</b> and <b>phrases</b> your child <b>uses</b> and <b>understands</b> ?							x	x
2b	how your child <b>behaves and gets along with you and others</b> ?							x	x
Family History & Environment Screening Items		4	6	9	12	15	18	24	36
1	Does your child's primary water source contain fluoride?		x	x	x	x	x	x	
2	Have any of your child's relatives developed new medical problems since the last visit?	All Visits							
3	Does your child have parents or grandparents who have had a stroke or heart problem before age 55?	All Visits							
4	Does your child have a parent with elevated blood cholesterol (240 mg/dl or higher) or who is taking cholesterol medications?	All Visits							
Family Assessment Screening Items		All Visits							
1	Do you have trouble paying for supplies like food, clothes and shoes?								
2	Do any adults who are around your child smoke (including inside or outside the house)?								
3	Do you have at least one person whom you trust and to whom you can go with personal difficulties?								
4	How many times in the last 2 weeks have you gone out socially or spent time doing hobbies, self-care or spare-time activities you enjoy?								
5	In general, how well do you feel you are coping with the day to day demands of parenthood?								
Care Giver Depression Screening Items		All Visits							
Over the past 2 weeks, how often have you been bothered by any of the following problems?									
1	Little interest or pleasure in doing things.								
2	Feeling down, depressed or hopeless.								
Domestic Violence Screening Items		All Visits							
1	Have you or your child been hit, kicked, punched or otherwise hurt by someone in the past year?								
2	Do you feel safe in your current relationship?								
3	In the past year, has your partner or other family member belittled, bullied, or screamed at you or your child?								
Substance Abuse Screening Items		All Visits							
1	When was the last time you, or someone living in the house, had 4 or more drinks containing alcohol in one day?								
2	Aside from drinking, do you use recreational drugs or prescription drugs (not prescribed by your doctor)?								
Demographic Items		All Visits							
1	How are you related to the child for whom you are completing this tool?								
2	What State do you live in?								
3	What kind of Insurance do you currently have (e.g public, medicare, military)?								
4	What is your current <b>household</b> income level (The combined gross income of all the members of a household who are 15 years old and older)?								

Children with Special Health Care Need (CSHCN) Screener		All Visits
If "yes" to #1-5, parent sees part a of question. If "yes" to part a, parent sees part b.		
<b>1</b>	Does your child currently need or use <b>medicine prescribed by a doctor</b> (other than vitamins)?	
1a	Is this because of ANY medical, behavioral or other health condition?	
1b	Is this a condition that has lasted or is expected to last for at least 12 months?	
<b>2</b>	Does your child need or use more <b>medical care, mental health or educational services</b> than is usual for most children of the same age?	
2a	Is this because of ANY medical, behavioral or other health condition?	
2b	Is this a condition that has lasted or is expected to last for at least 12 months?	
<b>3</b>	Is your child <b>limited or prevented</b> in any way in his or her ability to do the things most children of the same age can do?	
3a	Is this because of ANY medical, behavioral or other health condition?	
3b	Is this a condition that has lasted or is expected to last for at least 12 months?	
<b>4</b>	Does your child need or get <b>special therapy</b> , such as physical, occupational or speech therapy?	
4a	Is this because of ANY medical, behavioral or other health condition?	
4b	Is this a condition that has lasted or is expected to last for at least 12 months?	
<b>5</b>	Does your child have any kind of emotional, developmental or behavioral problem for which he or she needs or gets <b>treatment or counseling</b> ?	
5a	Has this problem lasted or is it expected to last for at least 12 months?	

# DEVELOPMENTAL SURVEILLANCE

	4 Month Visit	6 Month Visit	9 Month Visit	12 Month Visit	15 Month Visit	18 Month Visit	24 Month Visit	36 Month Visit
Gross Motor	<p><i>Does your child...</i></p> <ol style="list-style-type: none"> <li>1. Hold his/her head steady when sitting with support?</li> <li>2. Roll over?</li> </ol>	<p><i>Does your child...</i></p> <ol style="list-style-type: none"> <li>1. Roll over?</li> <li>2. Sit without support?</li> </ol>	<p><i>Will your child...</i></p> <ol style="list-style-type: none"> <li>1. Stand holding on to furniture?</li> <li>2. Pull to stand?</li> </ol>	<ol style="list-style-type: none"> <li>1. Will your child pull to stand?</li> <li>2. Does your child stand alone?</li> </ol>	<p><i>Does your child...</i></p> <ol style="list-style-type: none"> <li>1. Walk well?</li> <li>2. Bend down without falling?</li> </ol> <p><i>Is your child able to...</i></p> <ol style="list-style-type: none"> <li>3. Take steps backwards?</li> </ol>	<p><i>Is your child able to...</i></p> <ol style="list-style-type: none"> <li>1. Take steps backwards?</li> <li>2. Walk up steps one at a time (holding one of your hands, the wall, or a handrail)?</li> </ol> <p><i>Does your child...</i></p> <ol style="list-style-type: none"> <li>3. Run?</li> </ol>	<p><i>Is your child able to...</i></p> <ol style="list-style-type: none"> <li>1. Walk up stairs one at a time (holding one of your hands, the wall, or a handrail)?</li> <li>2. Kick a ball forward?</li> </ol> <p><i>Can your child...</i></p> <ol style="list-style-type: none"> <li>3. Jump in place with both feet together?</li> <li>4. Throw a ball overhand?</li> </ol>	<p><i>Can your child...</i></p> <ol style="list-style-type: none"> <li>1. Throw a ball overhand?</li> <li>2. Bo a broad jump (jump forward with both feet leaving the floor at the same time)?</li> <li>3. Balance on each foot for 1 second?</li> </ol>
Fine Motor	<p><i>Does your child...</i></p> <ol style="list-style-type: none"> <li>1. Grasp a rattle?</li> <li>2. Follow with his/her eyes from one side all the way to the other?</li> </ol>	<p><i>Will your child...</i></p> <ol style="list-style-type: none"> <li>1. Reach for objects?</li> <li>2. Look for a dropped object?</li> </ol>	<p><i>Will your child...</i></p> <ol style="list-style-type: none"> <li>1. Pass an object, such as a block, back and forth between his/her hands?</li> <li>2. Hold onto one object and take a second object from you?</li> </ol>	<p><i>Will your child...</i></p> <ol style="list-style-type: none"> <li>1. Bang 2 objects held in hands?</li> <li>2. Put an object (block, Cheerio, etc) in a cup or other container?</li> </ol>	<p><i>Does your child...</i></p> <ol style="list-style-type: none"> <li>1. Put blocks in a cup?</li> <li>2. Scribble?</li> </ol>	<p><i>Does your child...</i></p> <ol style="list-style-type: none"> <li>1. Scribble?</li> </ol> <p><i>Will your child...</i></p> <ol style="list-style-type: none"> <li>2. Turn a jar upside down to dump out an object (such as a raisin or Cheerio)?</li> <li>3. Stack 2 blocks or toys on top of each other to build a tower?</li> </ol>	<p><i>Will your child...</i></p> <ol style="list-style-type: none"> <li>1. Stack 4 small blocks or toys on top of each to build a tower?</li> <li>2. Stack 6 small blocks or toys on top of each to build a tower?</li> </ol>	<p><i>Can your child...</i></p> <ol style="list-style-type: none"> <li>1. Stack 6 small blocks or toys on top of each to build a tower?</li> <li>2. Imitate a vertical line?</li> <li>3. Stack 8 small blocks or toys on top of each to build a tower?</li> </ol> <p><i>Does your child use...</i></p> <ol style="list-style-type: none"> <li>4. A turning motion with his or her hand when trying to turn doorknobs, windup toys, etc?</li> </ol>
Social & Emotional	<p><i>Does your child...</i></p> <ol style="list-style-type: none"> <li>1. Look at his/her own hand?</li> <li>2. Like to cuddle?</li> <li>3. Calm down on his/her own?</li> </ol>	<p><i>Will your child...</i></p> <ol style="list-style-type: none"> <li>1. Work to get a toy that is out of reach?</li> <li>2. When you play gentle tickling games with your baby, does he or she enjoy this?</li> </ol>	<p><i>Does your child...</i></p> <ol style="list-style-type: none"> <li>1. Feed himself /herself?</li> <li>2. Wave bye-bye?</li> <li>3. Make a variety of repetitive sounds (for example, da-da-da, ga-ga-ga, or ba-ba-ba)?</li> </ol>	<p><i>Does your child...</i></p> <ol style="list-style-type: none"> <li>1. Play pat-a-cake OR other games where he/she imitates your movements?</li> <li>2. Wave bye-bye?</li> <li>3. Imitate household activities (for example, dusting)?</li> <li>4. When your child wants something does he/she tell you by pointing to it?</li> </ol>	<p><i>Does your child...</i></p> <ol style="list-style-type: none"> <li>1. Wave bye-bye?</li> <li>2. Drink from a cup (with little spilling)?</li> </ol>	<p><i>Does your child...</i></p> <ol style="list-style-type: none"> <li>1. Help around the house (for example, put a toy away or throw away trash)?</li> </ol> <p><i>Can your child...</i></p> <ol style="list-style-type: none"> <li>2. Remove his/her clothing?</li> </ol>	<p><i>Will your child...</i></p> <ol style="list-style-type: none"> <li>1. Remove his/her clothing?</li> <li>2. Dress himself/herself?</li> </ol>	<p><i>Can your child...</i></p> <ol style="list-style-type: none"> <li>1. Name a friend?</li> <li>2. Help take care of himself/herself by feeding and dressing?</li> </ol> <p><i>Does your child...</i></p> <ol style="list-style-type: none"> <li>3. Pretend play, such as playing house?</li> </ol>
Cognitive & Communicative	<p><i>Does your child...</i></p> <ol style="list-style-type: none"> <li>1. Laugh?</li> <li>2. Turn to a rattling sound?</li> </ol>	<p><i>Does your child...</i></p> <ol style="list-style-type: none"> <li>1. Turn to a rattling sound?</li> <li>2. Turn to a voice?</li> </ol>	<p><i>Does your child...</i></p> <ol style="list-style-type: none"> <li>1. Say mama or dada? (not necessarily associating the words with a person)</li> </ol>	<p><i>Does your child...</i></p> <ol style="list-style-type: none"> <li>1. Babble with inflections of normal speech?</li> <li>2. Imitate vocalizations and sounds?</li> <li>3. Speak at least 1 word (other than mama and dada? ) (a word is a sound that babies say to mean something)</li> </ol>	<p><i>Does your child Speak...</i></p> <ol style="list-style-type: none"> <li>1. At least 1 word (other than mom and dad? A word is a sound that babies say to mean something)</li> <li>2. Three or more words?</li> </ol>	<p><i>Does your child speak...</i></p> <ol style="list-style-type: none"> <li>1. At least 1 word (other than mom and dad? A word is a sound that babies say to mean something)</li> <li>2. Six or more words?</li> </ol> <p><i>Will your child...</i></p> <ol style="list-style-type: none"> <li>3. Point to at least one body part that you name?</li> </ol>	<p><i>Will your child...</i></p> <ol style="list-style-type: none"> <li>1. Point to two pictures that you name (such as cat, horse, bird, dog, or man)?</li> <li>2. Name 1 picture (such as cat, horse, bird, dog, or man)?</li> </ol> <p><i>Does your child...</i></p> <ol style="list-style-type: none"> <li>3. Use at least two words together (such as "big dog")?</li> </ol>	<p><i>Can your child name...</i></p> <ol style="list-style-type: none"> <li>1. 4 pictures (such as cat, horse, bird, dog or man)?</li> <li>2. 1 color?</li> </ol> <p><i>Does your child...</i></p> <ol style="list-style-type: none"> <li>3. Brush teeth with help? Know 2 adjectives (word that describes a person, place or thing such as pretty, happy, etc)?</li> </ol> <p><i>Is all of your child's...</i></p> <ol style="list-style-type: none"> <li>4. Speech understandable?</li> </ol>

## STEP 2: PICK YOUR PRIORITIES

In Step 2 parents choose age-specific topics that are of interest to them and that they would like to discuss with their child's health care provider in the coming well-visit. Parents may choose between one and five priorities that they would like to cover in their visit. Online, parents only see topics that are age-specific, while the below presents all topics covered. In addition, the online pages include educational pop-up boxes containing important information and links to further reading on health, development, and family issues.

<b>Your Child and Family</b>	<b>4</b>	<b>6</b>	<b>9</b>	<b>12</b>	<b>15</b>	<b>18</b>	<b>24</b>	<b>36</b>
Changes or stressors for you and your family	x							
Making sure you have somewhere or someone to turn to for emotional support	x	x				x		
Taking time for yourself, for your partner and your other children, and balancing work and family	x	x	x	x	x			x
How to make time for other relationships				x				
Balancing responsibilities with your partner	x							
Issues related to childcare, such as a nanny, daycare or babysitters	x	x						
Domestic violence; do you feel safe at home?			x					
Sibling rivalry						x	x	
New baby on the way? Preparing your other children						x		
<b>Guidance, Consistency and Discipline</b>	<b>4</b>	<b>6</b>	<b>9</b>	<b>12</b>	<b>15</b>	<b>18</b>	<b>24</b>	<b>36</b>
Ways to guide and discipline your child			x	x	x	x	x	x
Why having consistent guidance and discipline strategies between parents, family members and care providers are important			x	x	x			
Why parents should save using the word "NO!" for the most important times			x					
Time-outs				x				
<b>Sleep</b>	<b>4</b>	<b>6</b>	<b>9</b>	<b>12</b>	<b>15</b>	<b>18</b>	<b>24</b>	<b>36</b>
Establishing consistent daily routines and their impact on behavior and sleep	x	x				x		
Night waking and fussing	x	x			x			
"Back-to-sleep" and crib safety - avoiding soft toys and bedding	x	x						
Sleep patterns, routines and habits		x	x	x	x			
<b>TV</b>	<b>4</b>	<b>6</b>	<b>9</b>	<b>12</b>	<b>15</b>	<b>18</b>	<b>24</b>	<b>36</b>
Why the experts say no TV	x		x	x		x		
How much TV is okay?							x	x
<b>Speaking, Language and Communication</b>	<b>4</b>	<b>6</b>	<b>9</b>	<b>12</b>	<b>15</b>	<b>18</b>	<b>24</b>	<b>36</b>
How your child/baby communicates	x	x	x					
What your child is able to understand		x					x	
Importance of using simple words, asking simple questions, and repeating what you heard from him/her					x	x	x	x
Importance of your child pointing to let you know what he/she wants				x				
Ways to read to your child that promotes his/her language development		x		x	x	x	x	x
How your child talks						x		
Importance of singing songs to your child								x
Issues related to preschool							x	x
<b>Emotional Development &amp; Techniques</b>	<b>4</b>	<b>6</b>	<b>9</b>	<b>12</b>	<b>15</b>	<b>18</b>	<b>24</b>	<b>36</b>
How your child responds to new people or caregivers (and separation anxiety)		x	x	x	x			
How your child reacts in new situations							x	
Tips for calming and relaxing your baby	x	x						
How your child may start to become more independent and explore away from you			x		x			
Games and toys that help your child learn			x					
Your child's moods and emotions	All Visits							
Giving your child choices between 2 options is good for development				x	x		x	



How to secure heavy items (such as furniture or televisions) so that your child can't pull them over				x				
The danger of dangling telephone, electrical, blind or drapery cords in your home				x				
Importance of your child wearing a helmet							x	x
Supervising your child near all streets/driveways – never crossing the street alone								x
<b>Miscellaneous</b>	<b>4</b>	<b>6</b>	<b>9</b>	<b>12</b>	<b>15</b>	<b>18</b>	<b>24</b>	<b>36</b>
Behaviors to expect in the next few months	All Visits							
Any alternative or natural care therapies or products you may use with your child							x	x