Guide to Topics and Questions Asked

Version 1.1 (Last Updated 02-28-2013)

The Well-Visit Planner is in an online parent engagement tool completed by parents of children ages 0-4 years in preparation for their 4, 6, 9, 12, 15, 18, 24, and 36 month well-child visits.

The Well-Visit Planner has three steps

STEP 1: Answer a Questionnaire

STEP 2: Pick Your Priorities

STEP 3: Get Your Visit Guide

This document outlines the content of the Public Use Well-Visit Planner (WVP). Questions and content in steps 1 and 2 of the WVP are specific to the age of the child at well-visits for 4 months through 36 months, as indicated by the right-hand column in the table below. Step 3 is a document dynamically generated from steps 1 and 2 to help guide the family and their healthcare provider through the well-visit. Since step 3 pulls from the content in steps 1 and 2 it is not outlined in this document.

The Well Visit Planner (WVP) is a project of the Child and Adolescent Health Measurement Initiative (CAHMI). It was developed through support from the U.S. Department of Health and Human Services, Health Measurement Initiative (CAHMI). It was developed through support from the U.S. Department of Health and Human Services, Health Adolescent Health Measurement Initiative (CAHMI). It was developed through support from the U.S. Department of Health and Human Services, Health Measurement Initiative (CAHMI). It was developed through support from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Material Administration (MCHB) under grants R40 MC08959 03-00 and Cooperative Agreement 1-U59-MC06980-01. The CAHMI and DRC are responsible for the information presented in this document. Please contact Cahministration (MCHB) under grants R40 MC08959 03-00 and Cooperative Agreement 1-U59-MC06980-01. The CAHMI and DRC are responsible for the information presented in this document. Please contact Cahministration (MCHB) under grants R40 MC08959 03-00 and Cooperative Agreement 1-U59-MC06980-01. The CAHMI and DRC are responsible for the information presented in this document. Please contact Material Administration (MCHB) under grants R40 MC08959 03-00 and Cooperative Agreement (MCHB) and Material Adminis

STEP 1: ANSWER A QUESTIONNAIRE

Step 1 of the WVP is a structured questionnaire that asks questions about the child's general health, development, family and physical environment. It also includes the validated <u>Children with Special Health Care Needs ScreenerTM</u>, a consequences based assessment of whether or not a child has an ongoing health condition or problem.

	General Questions about You & Your child				All	Visit	s				
1	Share with me one thing that your child is able to do that you're excited about.										
2	2 Are there any specific concerns you would want to discuss at your child's upcoming well-visit? Please Describe										
3	3 Have there been any MAJOR changes in your family lately? (e.g. divorce, death in the family)										
4	4 Do you have concerns about your child's learning, development or behavior? Please describe.										
	Specific Questions about Your Child	4	6	9	12	15	18	24	36		
1	Are you breastfeeding? If Yes, do you give your child Vitamin D?	Х	х	х	х						
2	Has your child been on any new medications since the last visit? Please list medication.	All Visits									
3	Has your child ever had a bad reaction to a vaccine? (temp > 104, inconsolable crying > 3 hrs)	x	х		х	х	х				
4	Do you have concerns about how your child hears?	All Visits									
5	Do you have concerns about how your child speaks?								х		
6	Do your child's eyes appear unusual or seem to cross, drift or be lazy?				All	Visits	5				
7	Have you started weaning your child from the bottle?				х						
8	Do you have any concerns with your child's bowel movements or urinating?					х	х	х	х		
9	Do you give your child any vitamins or herbal supplements?	All Visits									
10	Does your child live with both parents in the same home?	All Visits									
11	Do you have a dentist for your child?				Х	Х	Х	Х	Х		
12	Is your child toilet trained during the daytime for both bowel and bladder?								х		

	Developmental Screening Items	4	6	9	12	15	18	24	36		
	In the last 12 months, did your child's doctor or other health provider have you fill										
1	out a questionnaire about specific concerns or observations you may have about				х	х	х	х	х		
	your child's development, communication or social behaviors?								<u> </u>		
	es to #1, Did this questionnaire ask about your concerns or observations about										
1a	how your child talks or makes speech sounds ?				Х	Х	Х				
1b	how your child interacts with you and others?				Х	Х	Х				
2a	words and phrases your child uses and understands?							Х	Х		
2b	how your child behaves and gets along with you and others?	_	_	_				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?		Х	Х	Х	Х	Х	Х	<u> </u>		
2	Have any of your child's relatives developed new medical problems since the last visit?				All	Visits	5				
3	Does your child have parents or grandparents who have had a stroke or heart problem before age 55?				Al	l Visit	S				
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	Visit	s				
1											
2											
3	Do you have at least one person whom you trust and to whom you can go with person	sona	l diff	icult	ies?						
4	How many times in the last 2 weeks have you gone out socially or spent time doing activities you enjoy?	hob	bies,	self	-care	or spa	re-tin	ne			
5	In general, how well do you feel you are coping with the day to day demands of par	enth	nood	?							
	Care Giver Depression Screening Items				All	Visit	S				
Ove	r the past 2 weeks, how often have you been bothered by any of the following proble	emsí	?								
1	Little interest or pleasure in doing things.										
2	Feeling down, depressed or hopeless.										
	Domestic Violence Screening Items				All	Visit	S				
1	Have you or your child been hit, kicked, punched or otherwise hurt by someone in t	the p	ast y	/earî	•						
2	Do you feel safe in your current relationship?										
3	In the past year, has your partner or other family member belittled, bullied, or scre	ame	d at '	you o	or you	r chil	4?				
	Substance Abuse Screening Items				All	Visit	S				
1	When was the last time you, or someone living in the house, had 4 or more drinks of	conta	ainin	g alc	ohol i	n one	day?				
2	Aside from drinking, do you use recreational drugs or prescription drugs (not prescri	ribed	l by y	our/	docto	r)?					
	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 household income level (The combined gross income of all the years old and older)?	e me	mbe	rs of	a hou	ıseho	ld wh	o are	15		

		Children with Special Health Care Need (CSHCN) Screener	All Visits						
If "y	yes" t	o #1-5, parent sees part a of question. If "yes" to part a, parent sees part b.							
1	Doe	es your child currently need or use <u>medicine prescribed by a doctor</u> (other than	vitamins)?						
1	.a	Is this because of ANY medical, behavioral or other health condition?							
1	.b	Is this a condition that has lasted or is expected to last for at least 12 months?							
2	Does your child need or use more <u>medical care, mental health or educational services</u> than is usual for most children of the same age?								
2	2a Is this because of ANY medical, behavioral or other health condition?								
2	2b Is this a condition that has lasted or is expected to last for at least 12 months?								
3	Is y	our child <u>limited or prevented</u> in any way in his or her ability to do the things mo	ost children of the same age can do?						
3	Ba	Is this because of ANY medical, behavioral or other health condition?							
3	b	Is this a condition that has lasted or is expected to last for at least 12 months?							
4	Doe	es your child need or get special therapy, such as physical, occupational or speed	th therapy?						
4	la	Is this because of ANY medical, behavioral or other health condition?							
4	lb	Is this a condition that has lasted or is expected to last for at least 12 months?							
5	Doe	es your child have any kind of emotional, developmental or behavioral problem f	or which he or she needs or gets						
	trea	atment or counseling?							
5	ia	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	Does your child 1. Hold his/her head steady when sitting with support? 2. Roll over?	Does your child 1. Roll over? 2. Sit without support?	Will your child 1. Stand holding on to furniture? 2. Pull to stand?	 Will your child pull to stand? Does your child stand alone? 	Does your child 1. Walk well? 2. Bend down without falling? Is your child able to 3. Take steps backwards?	Is your child able to 1. Take steps backwards? 2. Walk up steps one at a time (holding one of your hands, the wall, or a handrail)? Does your child 3. Run?	Is your child able to 1. Walk up stairs one at a time (holding one of your hands, the wall, or a handrail)? 2. Kick a ball forward? Can your child 3. Jump in place with both feet together? 4. Throw a ball overhand?	Can your child 1. Throw a ball overhand? 2. Bo a broad jump (jump forward with both feet leaving the floor at the same time)? 3. Balance on each foot for 1 second?
Fine Motor	Does your child 1. Grasp a rattle? 2. Follow with his/her eyes from one side all the way to the other?	Will your child 1. Reach for objects? 2. Look for a dropped object?	Will your child 1. Pass an object, such as a block, back and forth between his/her hands? 2. Hold onto one object and take a second object from you?	Will your child 1. Bang 2 objects held in hands? 2. Put an object (block, Cheerio, etc) in a cup or other container?	Does your child 1. Put blocks in a cup? 2. Scribble?	Does your child 1. Scribble? Will your child 2. Turn a jar upside down to dump out an object (such as a raisin or Cheerio)? 3. Stack 2 blocks or toys on top of each other to build a tower?	Will your child 1. Stack 4 small blocks or toys on top of each to build a tower? 2. Stack 6 small blocks or toys on top of each to build a tower?	Can your child 1. Stack 6 small blocks or toys on top of each to build a tower? 2. Imitate a vertical line? 3. Stack 8 small blocks or toys on top of each to build a tower? Does your child use 4. A turning motion with his or her hand when trying to turn doorknobs, windup toys, etc?
Social & Emotional	Does your child 1. Look at his/her own hand? 2. Like to cuddle? 3. Calm down on his/her own?	Will your child 1. Work to get a toy that is out of reach? 2. When you play gentle tickling games with your baby, does he or she enjoy this?	Does your child 1. Feed himself /herself? 2. Wave bye-bye? 3. Make a variety of repetitive sounds (for example, dada-da, ga-ga-ga, or ba-ba-ba)?	Does your child 1. Play pat-a-cake OR other games where he/she imitates your movements? 2. Wave bye-bye? 3. Imitate household activities (for example, dusting)? 4. When your child wants something does he/she tell you by pointing to it?	Does your child 1. Wave bye-bye? 2. Drink from a cup (with little spilling)?	Does your child 1. Help around the house (for example, put a toy away or throw away trash)? Can your child 2. Remove his/her clothing?	Will your child 1. Remove his/her clothing? 2. Dress himself/herself?	Can your child 1. Name a friend? 2. Help take care of himself/herself by feeding and dressing? Does your child 3. Pretend play, such as playing house?
Cognitive & Communicative	Does your child 1. Laugh? 2. Turn to a rattling sound?	Does your child 1. Turn to a rattling sound? 2. Turn to a voice?	Does your child 1. Say mama or dada? (not necessarily associating the words with a person)	Does your child 1. Babble with inflections of normal speech? 2. Imitate vocalizations and sounds? 3. Speak at least 1 word (other than mama and dada?) (a word is a sound that babies say to mean something)	Does your child Speak 1. At least 1 word (other than mom and dad? A word is a sound that babies say to mean something) 2. Three or more words?	Does your child speak 1. At least 1 word (other than mom and dad? A word is a sound that babies say to mean something) 2. Six or more words? Will your child 3. Point to at least one body part that you name?	Will your child 1. Point to two pictures that you name (such as cat, horse, bird, dog, or man)? 2. Name 1 picture (such as cat, horse, bird, dog, or man)? Does your child 3. Use at least two words together (such as "big dog")?	Can your child name 1. 4 pictures (such as cat, horse, bird, dog or man)? 2. 1 color? Does your child 3. Brush teeth with help? Know 2 adjectives (word that describes a person, place or thing such as pretty, happy, etc)? Is all of your child's 4. Speech understandable?

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 <u>between one and five</u> 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.

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

Temper tantrums; tips for dealing with them and avoiding triggers					Х	٠		
How your child might start to cling to you again or more		_	_	40	4-	X	24	26
Toilet Training	4	6	9	12	15	18	24	36
Signs your child is ready to potty train							Х	
Toilet training						Х	Х	
Importance of teaching your child to wash his/her own hands after using the toilet and before meals							Х	
Eating and Feeding	4	6	9	12	15	18	24	36
Your child's growth and weight gain	Х	х					Х	
Advice on foods and eating	х	х	х	х				
Vitamins your baby may or should take	x	х						
Guidance on breastfeeding	х	х						
Guidance on formula feeding	х	х						
Understanding feeding time behaviors, including strategies		х	х	х		х		
Using a cup			х					
How your child's appetite might change from day to day				х				
Importance of your family eating meals together and mealtime routines			х	х		х		Х
Play and Physical Activity	4	6	9	12	15	18	24	36
The value of parent-toddler playgroups						х		
Fun games to play with your child								Х
Importance of physical activity for your child								Х
Playtime with other children for your child								Х
Playgroups and how your child gets along with others							х	Х
Playtime for your baby, including "tummy time" and reading								
Importance of outside family activities that involve playing, walking, running or playing chase				х			х	х
Dental Health	4	6	9	12	15	18	24	36
How to avoid spreading bacteria that causes cavities from parent or caregiver to child	x				x			
Teething and drooling – what's important to know and what to expect	х							
Finger sucking, pacifiers or use of bottles and their impact on your child's teeth	х	х		х	х			
Fluoride for your child's teeth		х						
Tips for brushing teeth or gums and brushing your child's teeth, not letting him/her do it their self		х		х	х			
Your child's first check up with a dentist				х	х			
Safety	4	6	9	12	15	18	24	36
Indoor and outdoor baby/child proofing	х	х	х					
Preventing injuries indoors and outdoors				х	х	х	х	Х
Preventing falls from stairs, windows and other dangerous places			х			х		Х
Safety issues with wheeled baby walkers	х	х						
	х	х	х	х			х	
Bathtub, water, and pool safety			х					
Bathtub, water, and pool safety Preventing burns and how to change hot water heater temperature (or how to use barriers	х	Х	, ,					
Bathtub, water, and pool safety Preventing burns and how to change hot water heater temperature (or how to use barriers to stoves/space heaters)	х	Х			х	х		
Bathtub, water, and pool safety Preventing burns and how to change hot water heater temperature (or how to use barriers to stoves/space heaters) Fire safety, such as ensuring smoke detectors are working and planning escape routes	x	х			х	х		
Bathtub, water, and pool safety Preventing burns and how to change hot water heater temperature (or how to use barriers to stoves/space heaters)		x	x		x	x		
Bathtub, water, and pool safety Preventing burns and how to change hot water heater temperature (or how to use barriers to stoves/space heaters) Fire safety, such as ensuring smoke detectors are working and planning escape routes How to check for lead in your home				x				
Bathtub, water, and pool safety Preventing burns and how to change hot water heater temperature (or how to use barriers to stoves/space heaters) Fire safety, such as ensuring smoke detectors are working and planning escape routes How to check for lead in your home What to do if your child swallows poison and when to call the poison control center Preventing choking, common hazards	x	х		x			x	x
Bathtub, water, and pool safety Preventing burns and how to change hot water heater temperature (or how to use barriers to stoves/space heaters) Fire safety, such as ensuring smoke detectors are working and planning escape routes How to check for lead in your home What to do if your child swallows poison and when to call the poison control center	x	х	x			Х	x	x

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