18 Month Well Child Check Name_____

Allergies_____Current Meds_____

Is your child healthy?	**Yes**	**No**_____
Has your child had any recent illness?	No	Yes_____
Does your child sleep through the night?	Yes	No_____
Does your child take a nap?	Yes	No_____
If breastfeeding, **how often is your child nursing?**	_____	
Does your child drink whole milk? If so, how many oz/day?_____		
Does your child eat a balanced diet?	Yes	No_____
Does your child take a vitamin or supplement?	Yes	No
Is there Fluoride in your drinking water? (city water=yes)	Yes	No
Does your child stool at least once daily?	**Yes**	**No**_____
Does your child have 4-6 wet diapers /day?	Yes	No
Has there been any recent change to your family structure?	No	Yes_____
Does anyone in your household smoke?	No	Yes
Is your child in childcare?	No	Yes_____
Is your child an excessively picky eater?	*No*	*Yes*_____
Do you have mealtime battles?	*No*	*Yes*_____
Are you familiar with the 5-3-2-1-0 Healthy Lifestyles?	*Yes*	*No*
Do you have concerns about behavior or discipline?	*No*	*Yes*_____

*Do you have any other concerns?*_____

_____

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CHAT: Please fill out the following about how your child usually is. Please try to answer every question. If the behavior is rare (e.g., you've seen it once or twice), please answer as if the child does not do it.

1. Does your child like being swung, bounced on your knee? Yes No
2. Does your child take interest in other children? Yes No
3. Does your child like climbing on things, such as up stairs? Yes No
4. Does your child enjoy playing peek-a-boo/hide-and-seek? Yes No
5. Does your child ever pretend, for example, to talk on the phone or take care of dolls? Yes No
6. Does your child ever use his/her index finger to point, to ask for something? Yes No
7. Does your child ever use his/her index finger to point, to indicate interest in something? Yes No
8. Can your child play properly with small toys without just mouthing, fiddling or dropping them? Yes No
9. Does your child ever bring objects over to show you? Yes No
10. Does your child look you in the eye for more than a second or two? Yes No
11. Does your child ever seem oversensitive to noise? Yes No
12. Does your child smile in response to your face or your smile? Yes No
13. Does your child imitate you? (e.g. you make a face and child will imitate you?) Yes No
14. Does your child respond to his/her name when you call? Yes No
15. If you point at a toy across the room, does your child look? Yes No
16. Does your child walk? Yes No
17. Does your child look at things you are looking at? Yes No
18. Does your child make unusual finger movements near his/her face? Yes No
19. Does your child try to attract your attention to his/her own activity? Yes No
20. Have you ever wondered if your child is deaf? Yes No
21. Does your child understand what people say? Yes No
22. Does your child sometimes stare at nothing or wander with no purpose? Yes No
23. Does your child look at your face to check your reaction when faced with something unfamiliar? Yes No

Development (Do not complete if given the Ages and Stages Questionnaire)

Does your child walk?	Yes	No
Does your child walk backwards?	Yes	No
Does your child throw a ball?	Yes	No
Does your child say 15-20 words?	Yes	No
Does your child imitate words?	Yes	No
Does your child say 2-word phrases?	Yes	No
Does your child stack 3-4 blocks?	Yes	No
Does your child use a spoon?	Yes	No
Does your child drink from a cup?	Yes	No
Does your child show you affection?	Yes	No
Does your child follow simple directions?	Yes	No
Does your child scribble?	Yes	No
Does your child point to some body parts?	Yes	No
Can your child remove some of his/her clothing?	Yes	No