12-24 Months Questions

GROW PEDIATRICS

Patient Name:	DOB:	Date:

Any questions or concerns today? Please circle all that apply.

Eating	Y	N
Elimination (voiding/stooling)	Y	N
Sleeping	Y	N
Developmental (learning/behavior/speech/movement)	Y	N
Hearing/Vision	Y	N
Skin	Y	N
Vaccines	Y	N
Other	Y	N
Any family changes or stressors since last visit?	Y	N
Any illnesses or injuries since your last visit?	Y	N
Does your child still take a bottle?	Y	N
Does your child eat hot dogs, peanuts, popcorn, raw carrots, hard candies?	Y	N
Have you started brushing your child's teeth?	Y	N
Does your child sit in a rear-facing car seat in the back of the car?	Y	N
Do you use sunscreen and bug spray?	Y	N
Does your child spend time with anyone who smokes?	Y	N
Do you know CPR?	Y	N
Do you know the rescue maneuver for choking?	Y	N
Do you have smoke detectors and carbon monoxide detectors?	Y	N
Do you use stairway gates?	Y	N
Are cleaning supplies and medicines stored up high and locked?	Y	N
Do you have the phone number for Poison Control handy?	Y	N
Do you have a gun in your home?	Y	N
Is it unloaded?	Y	N
Is it locked?	Y	N
Is ammunition stored separately?	Y	N

SEE REVERSE FOR ADDITIONAL QUESTIONS

12-24 Months Questions

Patient Name:	DOB:	Date:

Food Insecurity Questions (mark your answer):

- Within the past 12 months, you worried that your food would run out before you got money to buy more.
  - Often true
  - Sometimes true
  - Never true
- Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.
  - Often true
  - Sometimes true
  - Never true

Transportation Questions (mark all that apply):

- In the past 12 months, has lack of transportation kept you from medical appointments, meetings, working or from getting things needed for daily living?
  - Yes, it has kept me from medical appointments or getting medications
  - Yes, it has kept me from non-medical meetings, appointments, work or getting things that I need
  - No

Edinburgh Postnatal Depression Scale[1] (EPDS)

Name: _____ Address: _____

Your Date of Birth: _____ _____

Baby's Date of Birth: _____ Phone: _____

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

Here is an example, already completed.

I have felt happy:
- □ Yes, all the time
- ☒ Yes, most of the time
- □ No, not very often
- □ No, not at all

This would mean: "I have felt happy most of the time" during the past week. Please complete the other questions in the same way.

In the past 7 days:

1. I have been able to laugh and see the funny side of things
   - □ As much as I always could
   - □ Not quite so much now
   - □ Definitely not so much now
   - □ Not at all

2. I have looked forward with enjoyment to things
   - □ As much as I ever did
   - □ Rather less than I used to
   - □ Definitely less than I used to
   - □ Hardly at all

*3. I have blamed myself unnecessarily when things went wrong
   - □ Yes, most of the time
   - □ Yes, some of the time
   - □ Not very often
   - □ No, never

4. I have been anxious or worried for no good reason
   - □ No, not at all
   - □ Hardly ever
   - □ Yes, sometimes
   - □ Yes, very often

*5 I have felt scared or panicky for no very good reason
   - □ Yes, quite a lot
   - □ Yes, sometimes
   - □ No, not much
   - □ No, not at all

*6. Things have been getting on top of me
   - □ Yes, most of the time I haven't been able to cope at all
   - □ Yes, sometimes I haven't been coping as well as usual
   - □ No, most of the time I have coped quite well
   - □ No, I have been coping as well as ever

*7 I have been so unhappy that I have had difficulty sleeping
   - □ Yes, most of the time
   - □ Yes, sometimes
   - □ Not very often
   - □ No, not at all

*8 I have felt sad or miserable
   - □ Yes, most of the time
   - □ Yes, quite often
   - □ Not very often
   - □ No, not at all

*9 I have been so unhappy that I have been crying
   - □ Yes, most of the time
   - □ Yes, quite often
   - □ Only occasionally
   - □ No, never

*10 The thought of harming myself has occurred to me
   - □ Yes, quite often
   - □ Sometimes
   - □ Hardly ever
   - □ Never

Administered/Reviewed by _____ Date _____

[1]Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786 .

[2]Source: K. L. Wisner, B. L. Parry, C. M. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199

Patient Name: DOB:

ASQ-3

12 Month Questionnaire

11 months 0 days through 12 months 30 days

On the following pages are questions about activities babies may do. Your baby may have already done some of the activities described here, and there may be some your baby has not begun doing yet. For each item, please fill in the circle that indicates whether your baby is doing the activity regularly, sometimes, or not yet.

Important Points to Remember:

- ☑ Try each activity with your baby before marking a response.
- ☑ Make completing this questionnaire a game that is fun for you and your baby.
- ☑ Make sure your baby is rested and fed.
- ☑ Please return this questionnaire by _____.

Notes:

_____

_____

_____

_____

COMMUNICATION

	YES	SOMETIMES	NOT YET	
1. Does your baby make two similar sounds, such as "ba-ba," "da-da," or "ga-ga"? *(The sounds do not need to mean anything.)*	◯	◯	◯	____
2. If you ask your baby to, does he play at least one nursery game even if you don't show him the activity yourself (such as "bye-bye," "Peeka-boo," "clap your hands," "So Big")?	◯	◯	◯	____
3. Does your baby follow one simple command, such as "Come here," "Give it to me," or "Put it back," *without* your using gestures?	◯	◯	◯	____
4. Does your baby say three words, such as "Mama," "Dada," and "Baba"? *(A "word" is a sound or sounds your baby says consistently to mean someone or something.)*	◯	◯	◯	____
5. When you ask, "Where is the ball (hat, shoe, etc.)?" does your baby look at the object? *(Make sure the object is present. Mark "yes" if she knows one object.)*	◯	◯	◯	____
6. When your baby wants something, does he tell you by *pointing* to it?	◯	◯	◯	____

COMMUNICATION TOTAL ____

GROSS MOTOR

	YES	SOMETIMES	NOT YET	
1. While holding onto furniture, does your baby bend down and pick up a toy from the floor and then return to a standing position? 	◯	◯	◯	____
2. While holding onto furniture, does your baby lower herself with control (without falling or flopping down)?	◯	◯	◯	____
3. Does your baby walk beside furniture while holding on with only one hand?	◯	◯	◯	____

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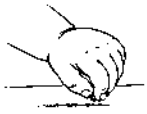
GROSS MOTOR *(continued)*

	YES	SOMETIMES	NOT YET	
4. If you hold both hands just to balance your baby, does he take several steps without tripping or falling? *(If your baby already walks alone, mark "yes" for this item.)* 	◯	◯	◯	____
5. When you hold ***one hand*** just to balance your baby, does she take several steps forward? *(If your baby already walks alone, mark "yes" for this item.)* 	◯	◯	◯	____
6. Does your baby stand up in the middle of the floor by himself and take several steps forward?	◯	◯	◯	____

GROSS MOTOR TOTAL ____

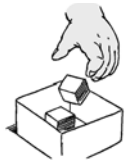
FINE MOTOR

	YES	SOMETIMES	NOT YET	
1. After one or two tries, does your baby pick up a piece of string with his first finger and thumb? *(The string may be attached to a toy.)* 	◯	◯	◯	____
2. Does your baby pick up a crumb or Cheerio with the ***tips*** of her thumb and a finger? She may rest her arm or hand on the table while doing it. 	◯	◯	◯	____
3. Does your baby put a small toy down, without dropping it, and then take his hand off the toy?	◯	◯	◯	____
4. Without resting her arm or hand on the table, does your baby pick up a crumb or Cheerio with the ***tips*** of her thumb and a finger? 	◯	◯	◯	____ *
5. Does your baby throw a small ball with a forward arm motion? *(If he simply drops the ball, mark "not yet" for this item.)* 	◯	◯	◯	____
6. Does your baby help turn the pages of a book? *(You may lift a page for him to grasp.)*	◯	◯	◯	____

FINE MOTOR TOTAL ____

**If Fine Motor Item 4 is marked "yes" or "sometimes," mark Fine Motor Item 2 "yes."*

PROBLEM SOLVING

	YES	SOMETIMES	NOT YET	
1. When holding a small toy in each hand, does your baby clap the toys together (like "Pat-a-cake")?	◯	◯	◯	____
2. Does your baby poke at or try to get a crumb or Cheerio that is inside a clear bottle (such as a plastic soda-pop bottle or baby bottle)?	◯	◯	◯	____
3. After watching you hide a small toy under a piece of paper or cloth, does your baby find it? *(Be sure the toy is completely hidden.)*	◯	◯	◯	____
4. If you put a small toy into a bowl or box, does your baby copy you by putting in a toy, although she may not let go of it? *(If she already lets go of the toy into a bowl or box, mark "yes" for this item.)*	◯	◯	◯	____
5. Does your baby drop two small toys, one after the other, into a container like a bowl or box? *(You may show him how to do it.)* 	◯	◯	◯	____ *
6. After you scribble back and forth on paper with a crayon (or a pencil or pen), does your baby copy you by scribbling? *(If she already scribbles on her own, mark "yes" for this item.)*	◯	◯	◯	____

PROBLEM SOLVING TOTAL ____

**If Problem Solving Item 5 is marked "yes" or "sometimes," mark Problem Solving Item 4 "yes."*

PERSONAL-SOCIAL

	YES	SOMETIMES	NOT YET	
1. When you hold out your hand and ask for his toy, does your baby offer it to you even if he doesn't let go of it? *(If he already lets go of the toy into your hand, mark "yes" for this item.)*	◯	◯	◯	____
2. When you dress your baby, does she push her arm through a sleeve once her arm is started in the hole of the sleeve?	◯	◯	◯	____
3. When you hold out your hand and ask for his toy, does your baby let go of it into your hand?	◯	◯	◯	____
4. When you dress your baby, does she lift her foot for her shoe, sock, or pant leg?	◯	◯	◯	____
5. Does your baby roll or throw a ball back to you so that you can return it to him?	◯	◯	◯	____
6. Does your baby play with a doll or stuffed animal by hugging it?	◯	◯	◯	____

PERSONAL-SOCIAL TOTAL ____

OVERALL

Parents and providers may use the space below for additional comments.

1. Does your baby use both hands and both legs equally well? If no, explain: ◯ YES ◯ NO

2. Does your baby play with sounds or seem to make words? If no, explain: ◯ YES ◯ NO

3. When your baby is standing, are her feet flat on the surface most of the time? If no, explain: ◯ YES ◯ NO

4. Do you have concerns that your baby is too quiet or does not make sounds like other babies do? If yes, explain: ◯ YES ◯ NO

5. Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain: ◯ YES ◯ NO

OVERALL *(continued)*

6. Do you have concerns about your baby's vision? If yes, explain: ◯ YES ◯ NO

7. Has your baby had any medical problems in the last several months? If yes, explain: ◯ YES ◯ NO

8. Do you have any concerns about your baby's behavior? If yes, explain: ◯ YES ◯ NO

9. Does anything about your baby worry you? If yes, explain: ◯ YES ◯ NO

BRIGHT FUTURES HANDOUT ▶ **PARENT**

12 MONTH VISIT

Here are some suggestions from Bright Futures experts that may be of value to your family.

HOW YOUR FAMILY IS DOING

- If you are worried about your living or food situation, reach out for help. Community agencies and programs such as WIC and SNAP can provide information and assistance.
- Don't smoke or use e-cigarettes. Keep your home and car smoke-free. Tobacco-free spaces keep children healthy.
- Don't use alcohol or drugs.
- Make sure everyone who cares for your child offers healthy foods, avoids sweets, provides time for active play, and uses the same rules for discipline that you do.
- Make sure the places your child stays are safe.
- Think about joining a toddler playgroup or taking a parenting class.
- Take time for yourself and your partner.
- Keep in contact with family and friends.

ESTABLISHING ROUTINES

- Praise your child when he does what you ask him to do.
- Use short and simple rules for your child.
- Try not to hit, spank, or yell at your child.
- Use short time-outs when your child isn't following directions.
- Distract your child with something he likes when he starts to get upset.
- Play with and read to your child often.
- Your child should have at least one nap a day.
- Make the hour before bedtime loving and calm, with reading, singing, and a favorite toy.
- Avoid letting your child watch TV or play on a tablet or smartphone.
- Consider making a family media plan. It helps you make rules for media use and balance screen time with other activities, including exercise.

FEEDING YOUR CHILD

- Offer healthy foods for meals and snacks. Give 3 meals and 2 to 3 snacks spaced evenly over the day.
- Avoid small, hard foods that can cause choking—popcorn, hot dogs, grapes, nuts, and hard, raw vegetables.
- Have your child eat with the rest of the family during mealtime.
- Encourage your child to feed herself.
- Use a small plate and cup for eating and drinking.
- Be patient with your child as she learns to eat without help.
- Let your child decide what and how much to eat. End her meal when she stops eating.
- Make sure caregivers follow the same ideas and routines for meals that you do.

FINDING A DENTIST

- Take your child for a first dental visit as soon as her first tooth erupts or by 12 months of age.
- Brush your child's teeth twice a day with a soft toothbrush. Use a small smear of fluoride toothpaste (no more than a grain of rice).
- If you are still using a bottle, offer only water.

Helpful Resources: Smoking Quit Line: 800-784-8669 | Family Media Use Plan: www.healthychildren.org/MediaUsePlan
Poison Help Line: 800-222-1222 | Information About Car Safety Seats: www.safercar.gov/parents | Toll-free Auto Safety Hotline: 888-327-4236

12 MONTH VISIT—PARENT

SAFETY

- Make sure your child's car safety seat is rear facing until he reaches the highest weight or height allowed by the car safety seat's manufacturer. In most cases, this will be well past the second birthday.
- Never put your child in the front seat of a vehicle that has a passenger airbag. The back seat is safest.
- Place gates at the top and bottom of stairs. Install operable window guards on windows at the second story and higher. Operable means that, in an emergency, an adult can open the window.
- Keep furniture away from windows.
- Make sure TVs, furniture, and other heavy items are secure so your child can't pull them over.
- Keep your child within arm's reach when he is near or in water.
- Empty buckets, pools, and tubs when you are finished using them.
- Never leave young brothers or sisters in charge of your child.
- When you go out, put a hat on your child, have him wear sun protection clothing, and apply sunscreen with SPF of 15 or higher on his exposed skin. Limit time outside when the sun is strongest (11:00 am–3:00 pm).
- Keep your child away when your pet is eating. Be close by when he plays with your pet.
- Keep poisons, medicines, and cleaning supplies in locked cabinets and out of your child's sight and reach.
- Keep cords, latex balloons, plastic bags, and small objects, such as marbles and batteries, away from your child. Cover all electrical outlets.
- Put the Poison Help number into all phones, including cell phones. Call if you are worried your child has swallowed something harmful. Do not make your child vomit.

WHAT TO EXPECT AT YOUR CHILD'S 15 MONTH VISIT

We will talk about

- Supporting your child's speech and independence and making time for yourself
- Developing good bedtime routines
- Handling tantrums and discipline
- Caring for your child's teeth
- Keeping your child safe at home and in the car

Consistent with *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents,* 4th Edition

For more information, go to https://brightfutures.aap.org.

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®