

Child's Name _____

Child's Birth Date _____

Please fill out the following questionnaire. It will allow the provider to focus on your main concerns during the visit, and allow more time for discussion.

Review of Nutrition

	Yes	No
Does she/he eat well-balanced diet, including fruits, vegetables, milk, and vitamins?	()	()
Has your child seen a dentist yet?	()	()
Has your child switched to low-fat milk yet?	()	()

Elimination

	Yes	No
Is your child stooling comfortably?	()	()
Is she/he showing interest in toilet training?	()	()

Sleep

	Yes	No
Is your child sleeping well?	()	()

Social Screening

	Yes	No
What are your current child-care arrangements?		
Do you read with your child 3 or more times per week?	()	()
Is your home smoke-free? (choose "No" even if smoking is outside)	()	()
Does your child ride in a car seat in the back of the car?	()	()
Was your home built after 1979?	()	()
Tuberculosis (TB) risk?		
1. Contact with person who has tuberculosis	()	()
2. Your child is immuno-suppressed (HIV, cancer, chronic steroids)	()	()
3. Birth or travel to endemic Tuberculosis areas (Africa, Asia, Latin America, Caribbean)	()	()
4. Regular contact with adults at high risk for TB (Homeless, Jailed, Illegal drug user, HIV positive person, migrant farm worker, nursing home resident)	()	()

Developmental Screening

	Yes	No
Is your child copying things you do?	()	()
Does your child know 50 words or more?	()	()
Does she/he speak in 2-word sentences?	()	()
Is her/his speech understandable 50% of the time?	()	()
Can he/she take off clothes, including pants and pullover shirts?	()	()
Does your child play alongside brothers, sisters, and/or kids in other places?	()	()
Does your child point to pictures in a book?	()	()
Does your child feed with a spoon or fork without spilling much?	()	()
Can your child throw a ball overhead?	()	()
Are you pleased with her/his behavior?	()	()
Do you think your child sees and hears OK?	()	()

Has your child had any significant illnesses since the last time we saw you? If yes, please describe:

Are there any new stresses on your family since the last time we saw you? If yes, please describe:

Current concerns not listed above:

Modified Checklist for Autism in Toddlers (M-CHAT) University of Connecticut Department of Psychology

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.

	Yes	No
Does your child enjoy being swung, bounced on your knee, etc.?	()	()
Does your child take an interest in other children?	()	()
Does your child like climbing on things, such as up stairs?	()	()
Does your child enjoy playing peek-a-boo/hide-and-seek?	()	()
Does your child ever pretend, for example, to talk on the phone or take care of a doll or pretend other things?	()	()
Does your child ever use his/her index finger to point, to indicate interest in something?	()	()
Can your child play properly with toys (e.g., cars or bricks) without just mouthing, fiddling, or dropping them?	()	()
Does your child ever bring objects over to you (parent) to show you something?	()	()
Does your child look you in the eye for more than a second or two?	()	()
Does your child ever seem oversensitive to noise? (e.g., plugging ears)	()	()
Does your child smile in response to your face or your smile?	()	()
Does your child imitate you? (e.g., you make a face-will your child imitate it?)	()	()
Does your child respond to his/her name when you call?	()	()
If you point at a toy across the room, does your child look at it?	()	()
Does your child walk?	()	()
Does your child look at things you are looking at?	()	()
Does your child make unusual finger movements near his/her face?	()	()
Does your child try to attract your attention to his/her own activity?	()	()
Have you ever wondered if your child is deaf?	()	()
Does your child understand what people say?	()	()
Does your child sometimes stare at nothing or wander with no purpose?	()	()
Does your child look at your face to check your reaction when faced with something unfamiliar?	()	()