Physicians at Sugar Creek
An Affiliate of MEMORIAL HERMANN

14023 Southwest Freeway
Sugar Land, TX 77479
218.325.4100

18 Month Well Child Exam Form

HEALTH HISTORY

Do you have any questions or concerns about your child's health that you would like to discuss today?

_____

_____

_____

What is your child's health Status? **Good Fair Poor**

Has your child been to the emergency room in the past 12 months: **Yes No**

If yes, list why: _____

Has your child been treated in the hospital in the past 12 months? **Yes No**

If yes, list why: _____

Has your child ever had any reactions to vaccines / immunizations: **Yes No**

Has your child seen a dentist in the last 6 months: **Yes No**

How many times a day does your child brush their teeth? ___ How many times a day do they floss? ___

HOME and FAMILY

Who does the child live with: _____ How many brothers and sisters does he/she have? _____

What do you live in? _____ How many bedrooms are in your home? _____

Does your child share a bedroom: **Yes No** Does anyone in the home smoke? **Yes No**

Is your child's Father Involved in his/her care? **Yes No**

How is your child's relationship with his brothers and/or sisters? **Good Fair Poor N/A, only child**

What type of discipline is used in the home: **Verbal Time-out Spanking Other: _____**

Is there any history of abuse: **Yes No** Is there any history of neglect? **Yes No**

Does anyone in home use drugs: **Yes No** Is there a history of domestic violence? **Yes No**

Has CPS ever been to your home? **Yes No** If yes, is your CPS case still open? **Yes No**

Has your child ever been in foster care? **Yes No** If yes, how many times? _____

Are you feeling stressed? **Yes No**

Do you have pets in the home: **Yes No** If yes, what type? _____

14023 Southwest Freeway
Sugar Land, TX 77479
218.325.4100

18 Month Well Child Exam Form

GENERAL HEALTH

What type of milk does he/she drink? **Breast milk Whole 2% 1% Fat free Lactose free Soy**

How much milk/formula does he/she drink in a day? **< 8oz 8-16 oz 16-24 oz 24-32oz > 32oz**

What else does he/she drink and how many glasses a day does he/she drink? **___ Glasses of juice**

___ Glasses of water ___ glasses of caffeinated soda or tea ___ glasses of decaffeinated soda or tea

Does your child drink from: **cup bottle only cup and bottle phasing out bottle**

Does your child eat: **table foods adequate fruits/vegetables meat whole grains**

Does your child have any problems with bowel movements, including constipation or diarrhea? **Yes No**

Is he/she toilet trained? **Yes Daytime only In process No**

Does he/she have any problems sleeping? **Yes No** If yes, what kind of problems? _____

How would you describe your child's temperament? **Happy Fussy Easy Demanding**

Cries when hungry or with needs Fussy all the time Fussy at night Fussy but consolable

Do you have any concerns about:

Your child's development? **Yes No**

Your child's behavior? **Yes No**

HEARING

Does your child:

Understand simple "yes/no" questions **Yes No**

Understand simple phrases ("in the cup") **Yes No**

Enjoy being read to and points to pictures when asked **Yes No**

Uses his/her own first name **Yes No**

Uses "my" to get toys and other objects **Yes No**

Tells experiences using jargon and words **Yes No**

Uses 2-word sentences like "my shoes", "go bye-bye", "more juice" **Yes No**

14023 Southwest Freeway
Sugar Land, TX 77479
218.325.4100

18 Month Well Child Exam Form

VISION

Do you have any concerns about how your child sees **Yes No**

Does your child hold objects close when trying to focus? **Yes No**

Do you child's eyes appear unusual or seem to cross, drift, or be lazy? **Yes No**

Do your child's eyelids droop or does one eyelid tend to close? **Yes No**

Have your child's eyes ever been injured? **Yes No**

Check off each task that your child is able to do:

- ☐ Runs
- ☐ Walks backwards
- ☐ Kicks ball
- ☐ Throws ball
- ☐ Sacks 2 items
- ☐ Scribbles
- ☐ Turns pages
- ☐ Uses 3-6 words
- ☐ Combines two words
- ☐ Points to 2-4 body parts
- ☐ Follows directions
- ☐ Names picture (Dog, cat, person)
- ☐ Uses spoon/fork
- ☐ Helps in the house
- ☐ Removes clothes
- ☐ Imitates housework

GENERAL SAFETY

Does your child always use a car seat? **Yes No**

Is your home childproofed? **Yes No**

Do you have these things in your home:

Smoke detector **Yes No**

Carbon monoxide detector **Yes No**

Fire extinguisher **Yes No**

14023 Southwest Freeway
Sugar Land, TX 77479
218.325.4100

18 Month Well Child Exam Form

ASQ-3

18 Month Questionnaire *17 months 0 days through 18 months 30 days*

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

Important Points to Remember:

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

Notes:

_____

_____

_____

_____

At this age, many toddlers may not be cooperative when asked to do things. You may need to try the following activities with your child more than one time. If possible, try the activities when your child is cooperative. If your child can do the activity but refuses, mark "yes" for the item.

COMMUNICATION

	YES	SOMETIMES	NOT YET	
1. When your child wants something, does she tell you by *pointing* to it?	○	○	○	___
2. When you ask your child to, does he go into another room to find a familiar toy or object? *(You might ask, "Where is your ball?" or say, "Bring me your coat," or "Go get your blanket.")*	○	○	○	___
3. Does your child say eight or more words in addition to "Mama" and "Dada"?	○	○	○	___
4. Does your child imitate a two-word sentence? For example, when you say a two-word phrase, such as "Mama eat," "Daddy play," "Go home," or "What's this?" does your child say both words back to you? *(Mark "yes" even if her words are difficult to understand.)*	○	○	○	___
5. Without your showing him, does your child point to the correct picture when you say, "Show me the kitty," or ask, "Where is the dog?" *(He needs to identify only one picture correctly.)*	○	○	○	___
6. Does your child say two or three words that represent different ideas together, such as "See dog," "Mommy come home," or "Kitty gone"? *(Don't count word combinations that express one idea, such as "bye-bye," "all gone," "all right," and "What's that?")* Please give an example of your child's word combinations:	○	○	○	___

COMMUNICATION TOTAL ___

E101180200

14023 Southwest Freeway
Sugar Land, TX 77479
218.325.4100

18 Month Well Child Exam Form

ASQ-3 — **18 Month Questionnaire** *page 3 of 6*

GROSS MOTOR

	YES	SOMETIMES	NOT YET	
1. Does your child bend over or squat to pick up an object from the floor and then stand up again without any support?	○	○	○	___
2. Does your child move around by walking, rather than by crawling on her hands and knees?	○	○	○	___
3. Does your child walk well and seldom fall?	○	○	○	___
4. Does your child climb on an object such as a chair to reach something he wants (for example, to get a toy on a counter or to "help" you in the kitchen)?	○	○	○	___
5. Does your child walk down stairs if you hold onto one of her hands? She may also hold onto the railing or wall. *(You can look for this at a store, on a playground, or at home.)*	○	○	○	___
6. When you show your child how to kick a large ball, does he try to kick the ball by moving his leg forward or by walking into it? *(If your child already kicks a ball, mark "yes" for this item.)* 	○	○	○	___

GROSS MOTOR TOTAL ___

FINE MOTOR

	YES	SOMETIMES	NOT YET	
1. Does your child throw a small ball with a forward arm motion? *(If he simply drops the ball, mark "not yet" for this item.)* 	○	○	○	___
2. Does your child stack a small block or toy on top of another one? *(You could also use spools of thread, small boxes, or toys that are about 1 inch in size.)*	○	○	○	___
3. Does your child make a mark on the paper with the tip of a crayon (or pencil or pen) when trying to draw? 	○	○	○	___
4. Does your child stack three small blocks or toys on top of each other by himself?	○	○	○	___
5. Does your child turn the pages of a book by himself? *(He may turn more than one page at a time.)*	○	○	○	___
6. Does your child get a spoon into her mouth right side up so that the food usually doesn't spill?	○	○	○	___

FINE MOTOR TOTAL ___

E101180300

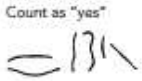
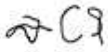
Physicians at Sugar Creek
An Affiliate of MEMORIAL HERMANN

14023 Southwest Freeway
Sugar Land, TX 77479
218.325.4100

18 Month Well Child Exam Form

ASQ-3 **18 Month Questionnaire** page 4 of 6

PROBLEM SOLVING

	YES	SOMETIMES	NOT YET	
1. Does your child drop several small toys, one after another, into a container like a bowl or box? *(You may show him how to do it.)*	○	○	○	___
2. After you have shown your child how, does she try to get a small toy that is slightly out of reach by using a spoon, stick, or similar tool? 	○	○	○	___
3. After a crumb or Cheerio is dropped into a small, clear bottle, does your child turn the bottle over to dump it out? *(You may show him how.) (You can use a soda-pop bottle or a baby bottle.)*	○	○	○	___
4. Without your showing her how, does your child scribble back and forth when you give her a crayon (or pencil or pen)?	○	○	○	___
5. After watching you draw a line from the top of the paper to the bottom with a crayon (or pencil or pen), does your child copy you by drawing a single line on the paper in *any direction*? *(Mark "not yet" if your child scribbles back and forth.)* Count as "yes"  Count as "not yet" 	○	○	○	___
6. After a crumb or Cheerio is dropped into a small, clear bottle, does your child turn the bottle upside down to dump out the crumb or Cheerio? *(Do not show him how.)*	○	○	○	___*

PROBLEM SOLVING TOTAL ___

**If Problem Solving Item 6 is marked "yes" or "sometimes," mark Problem Solving Item 3 "yes."*

PERSONAL-SOCIAL

	YES	SOMETIMES	NOT YET	
1. While looking at herself in the mirror, does your child offer a toy to her own image?	○	○	○	___
2. Does your child play with a doll or stuffed animal by hugging it?	○	○	○	___
3. Does your child get your attention or try to show you something by pulling on your hand or clothes?	○	○	○	___
4. Does your child come to you when he needs help, such as with winding up a toy or unscrewing a lid from a jar?	○	○	○	___
5. Does your child drink from a cup or glass, putting it down again with little spilling?	○	○	○	___
6. Does your child copy the activities you do, such as wipe up a spill, sweep, shave, or comb hair?	○	○	○	___

PERSONAL-SOCIAL TOTAL ___

E101180400

14023 Southwest Freeway
Sugar Land, TX 77479
218.325.4100

18 Month Well Child Exam Form

ASQ-3 **18 Month Questionnaire** *page 5 of 6*

OVERALL

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

1. Do you think your child hears well? If no, explain: ○ YES ○ NO

2. Do you think your child talks like other toddlers his age? If no, explain: ○ YES ○ NO

3. Can you understand most of what your child says? If no, explain: ○ YES ○ NO

4. Do you think your child walks, runs, and climbs like other toddlers her age? If no, explain: ○ YES ○ NO

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

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

E101180500

14023 Southwest Freeway
Sugar Land, TX 77479
218.325.4100

18 Month Well Child Exam Form

ASQ-3 **18 Month Questionnaire** *page 6 of 6*

OVERALL *(continued)*

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

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

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

E101180600

14023 Southwest Freeway
Sugar Land, TX 77479
218.325.4100

18 Month Well Child Exam Form

M-CHAT-R™ *(Modified Checklist for Autism in Toddlers Revised)*

Please answer these questions about your child. Keep in mind how your child usually behaves. If you have seen your child do the behavior a few times, but he or she does not usually do it, then please answer no. Please circle yes or no for every question. Thank you very much.

1. If you point at something across the room, does your child look at it? (**FOR EXAMPLE**, if you point at a toy or an animal, does your child look at the toy or animal?)	Yes	No
2. Have you ever wondered if your child might be deaf?	Yes	No
3. Does your child play pretend or make-believe? (**FOR EXAMPLE**, pretend to drink from an empty cup, pretend to talk on a phone, or pretend to feed a doll or stuffed animal?)	Yes	No
4. Does your child like climbing on things? (**FOR EXAMPLE**, furniture, playground equipment, or stairs)	Yes	No
5. Does your child make unusual finger movements near his or her eyes? (**FOR EXAMPLE**, does your child wiggle his or her fingers close to his or her eyes?)	Yes	No
6. Does your child point with one finger to ask for something or to get help? (**FOR EXAMPLE**, pointing to a snack or toy that is out of reach)	Yes	No
7. Does your child point with one finger to show you something interesting? (**FOR EXAMPLE**, pointing to an airplane in the sky or a big truck in the road)	Yes	No
8. Is your child interested in other children? (**FOR EXAMPLE**, does your child watch other children, smile at them, or go to them?)	Yes	No
9. Does your child show you things by bringing them to you or holding them up for you to see – not to get help, but just to share? (**FOR EXAMPLE**, showing you a flower, a stuffed animal, or a toy truck)	Yes	No
10. Does your child respond when you call his or her name? (**FOR EXAMPLE**, does he or she look up, talk or babble, or stop what he or she is doing when you call his or her name?)	Yes	No
11. When you smile at your child, does he or she smile back at you?	Yes	No
12. Does your child get upset by everyday noises? (**FOR EXAMPLE**, does your child scream or cry to noise such as a vacuum cleaner or loud music?)	Yes	No
13. Does your child walk?	Yes	No
14. Does your child look you in the eye when you are talking to him or her, playing with him or her, or dressing him or her?	Yes	No
15. Does your child try to copy what you do? (**FOR EXAMPLE**, wave bye-bye, clap, or make a funny noise when you do)	Yes	No
16. If you turn your head to look at something, does your child look around to see what you are looking at?	Yes	No
17. Does your child try to get you to watch him or her? (**FOR EXAMPLE**, does your child look at you for praise, or say "look" or "watch me"?)	Yes	No
18. Does your child understand when you tell him or her to do something? (**FOR EXAMPLE**, if you don't point, can your child understand "put the book on the chair" or "bring me the blanket"?)	Yes	No
19. If something new happens, does your child look at your face to see how you feel about it? (**FOR EXAMPLE**, if he or she hears a strange or funny noise, or sees a new toy, will he or she look at your face?)	Yes	No
20. Does your child like movement activities? (**FOR EXAMPLE**, being swung or bounced on your knee)	Yes	No