



14 Month Questionnaire

13 months 0 days through 14 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:

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

COMMUNICATION

	YES	SOMETIMES	NOT YET	
1. 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.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
2. When your baby wants something, does she tell you by <i>pointing</i> to it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
3. Does your baby shake his head when he means "no" or "yes"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
4. Does your baby point to, pat, or try to pick up pictures in a book?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
5. Does your baby say four or more words in addition to "Mama" and "Dada"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
6. When you ask her to, does your baby 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.")	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
	COMMUNICATION TOTAL			___

GROSS MOTOR




	YES	SOMETIMES	NOT YET	
1. 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.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
				
2. When you hold <i>one hand</i> just to balance your baby, does she take several steps forward? (If your baby already walks alone, mark "yes" for this item.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
				

GROSS MOTOR (continued)

- | | YES | SOMETIMES | NOT YET | |
|---|-----------------------|-----------------------|-----------------------|---|
| 3. Does your baby stand up in the middle of the floor by himself and take several steps forward? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 4. Does your baby climb onto furniture or other large objects, such as large climbing blocks? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 5. Does your baby bend over or squat to pick up an object from the floor and then stand up again without any support? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 6. Does your baby move around by walking, rather than by crawling on his hands and knees? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |

GROSS MOTOR TOTAL —

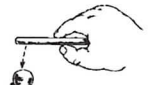
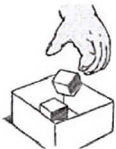
FINE MOTOR

- | | YES | SOMETIMES | NOT YET | |
|---|---|-----------------------|-----------------------|---|
| 1. Without resting her arm or hand on the table, does your baby pick up a crumb or Cheerio with the <i>tips</i> of her thumb and a finger? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| |  | | | |
| 2. Does your baby throw a small ball with a forward arm motion? <i>(If he simply drops the ball, mark "not yet" for this item.)</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| |  | | | |
| 3. Does your baby help turn the pages of a book? <i>(You may lift a page for her to grasp.)</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 4. Does your baby stack a small block or toy on top of another one? <i>(You could also use spools of thread, small boxes, or toys that are about 1 inch in size.)</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 5. Does your baby make a mark on the paper with the <i>tip</i> of a crayon (or pencil or pen) when trying to draw? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| |  | | | |
| 6. Does your baby stack three small blocks or toys on top of each other by herself? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |

FINE MOTOR TOTAL —

PROBLEM SOLVING

- | | YES | SOMETIMES | NOT YET | |
|---|-----------------------|-----------------------|-----------------------|-------|
| 1. If you put a small toy into a bowl or box, does your baby copy you by putting in a toy, although he may not let go of it? (If he already lets go of the toy into a bowl or box, mark "yes" for this item.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 2. Does your baby drop two small toys, one after the other, into a container like a bowl or box? (You may show her how to do it.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ * |
| 3. After you scribble back and forth on paper with a crayon (or a pencil or pen), does your baby copy you by scribbling? (If he already scribbles on his own, mark "yes" for this item.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 4. Can your baby drop a crumb or Cheerio into a small, clear bottle (such as a plastic soda-pop bottle or baby bottle)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 5. Does your baby drop several small toys, one after another, into a container like a bowl or box? (You may show her how to do it.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 6. After you have shown your baby how, does he try to get a small toy that is slightly out of reach by using a spoon, stick, or similar tool? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |



PROBLEM SOLVING TOTAL _____

**If Problem Solving Item 2 is marked "yes" or "sometimes," mark Problem Solving Item 1 as "yes."*

PERSONAL-SOCIAL

- | | YES | SOMETIMES | NOT YET | |
|---|-----------------------|-----------------------|-----------------------|-----|
| 1. When you dress your baby, does she lift her foot for her shoe, sock, or pant leg? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 2. Does your baby roll or throw a ball back to you so that you can return it to him? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 3. Does your baby play with a doll or stuffed animal by hugging it? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 4. Does your baby feed herself with a spoon, even though she may spill some food? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 5. Does your baby help undress himself by taking off clothes like socks, hat, shoes, or mittens? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 6. Does your baby get your attention or try to show you something by pulling on your hand or clothes? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |

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

Baby Pediatric Symptom Checklist (9-17 months)

Patient Name: _____ DOB/FDN: _____ Date: _____
 Name of person answering this form: _____ Relation to patient: _____
 Nombre de la persona llenando esta forma: _____ Relación al paciente: _____

<i>These questions are about your child's behavior. Think about what you would expect of other children the same age, and tell us how much each statement applies to your child./</i> Algunas veces todos los niños lloran, gruñen o se quejan, tienen problemas al dormir o tienen problemas cuando llegan a lugares nuevos. Comparado a la mayoría de los niños/as de esta edad, usted diría que su niño hace estas cosas igual, un poco más o mucho más que otros niños de su misma edad?	Not at all/ Igual (0)	Some-what/ Un poco mas (1)	Very Much/ Mucho mas (2)
1. Does your child have a hard time being with new people? ¿Su niño/a tiene dificultad al estar con personas desconocidas?			
2. Does your child have a hard time in new places? ¿Su niño/a tiene dificultad al estar en lugares nuevos?			
3. Does your child have a hard time with change? ¿Su niño/a tiene dificultad con los cambios?			
4. Does your child mind being held by other people? ¿A su niño/a le molesta que lo carguen otras personas?			
Total			/3
5. Does your child cry a lot? ¿Su niño/a llora mucho?			
6. Does your child have a hard time calming down? ¿Su niño/a tiene dificultad para calmarse?			
7. Is your child fussy or irritable? ¿Su niño/a se enoja fácilmente o se irrita?			
8. Is it hard to comfort your child? ¿Su niño/a es difícil de consolar?			
Total			/3
9. Is it hard to keep your child on a schedule or routine? ¿Es difícil mantener a su niño/a en un horario o una rutina establecida?			
10. Is it hard to put your child to sleep? ¿Es difícil poner a su niño/a a dormir?			
11. Is it hard to get enough sleep because of your child? ¿Es difícil para usted dormir lo suficiente debido a su niño/a?			
12. Does your child have trouble staying asleep? ¿Su niño/a tiene dificultad para mantenerse dormido?			
Total			/3
Reviewed by: _____			

Childhood Lead Assessment Questionnaire Cuestionario de evaluación infantil de riesgo por el Plomo	YES Si	NO No	Un- sure No se
1. Is this child eligible for or enrolled in Medicaid, Head Start, All Kids or WIC? ¿Su hijo (a) es elegible para inscribirse en Medicaid, Head Start, All kids o WIC?			
2. Does this child have a sibling with a blood level of 10mcg/dl or higher? ¿Su hijo(a) tiene un hermano(a) con nivel de plomo en la sangre de 10mcg/dl o mas alto?			
3. Does this child live in regularly visit a home built before 1978? ¿Su hijo(a) vive o visita regularmente una casa que ya haya sido construida antes de 1978?			
4. In the past year has this child been exposed to repairs, repainting, or renovation of a home built before 1978? ¿Desde el año pasado, ha sido expuesto su hijo/a a reparaciones, pintura o remodelaciones de la casa construida antes de 1978?			
5. Is this child a refugee or an adoptee from any foreign country? ¿Su hijo(a) ha sido exilado o ha sido adoptado de algun pais extranjero?			
6. Has this child ever been to Mexico, Central or South America, Asian Countries, or any country where exposure to lead from certain items could have occurred (cosmetics, home remedies, folk medicines, or glazed pottery)? ¿Su hijo(a) ha sido a los siguientes paises: Mexico, America Central, o del sur, Asia, China o India, o cualquier pais donde pudo haber estado expuesto a objetos que contienen plomo? (por ejemplo, cosmeticos , remedios caseros, medicinas tradicionales o ceramica vidriada?			
7. Does this child live with someone who has a job or a hobby that may involve lead (jewelry making, building renovation or repair, bridge construction, plumbing, furniture refinishing, leaded glass, lead shots, bullets or lead fishing sinkers)? ¿Vive su hijo(a) con alguna persona que tenga un trabajo o un pasatiempo que incluya plomo (joyas , renovación o construcción de puentes, plomeria, recabados de muebles o un trabajo con baterias o radiadores de automoviles , soldadores de plomo, vidrio de plomo, balas			
8. At any time has this Child lived near a factory where lead is used? ¿En algun momento su hijo(a) ha vivido cerca de una fabrica donde se use plomo?			
9. Does this child reside in a high-risk zip code? (High-risk zip codes- LAKE: 60040, MCHENRY: 60034, All Chicago zip codes) ¿Su hijo(a) vive en un codigo postal de alto riesgo? (Codigo de alto riesgo LAKE- 60040, MCHENRY- 60034, Todos los codigos postal de Chicago)			

Patient Name: _____

TUBERCULOSIS SCREEN QUESTIONNAIRE FORMULARIO DE EVALUACION DE RIESGO DE TB PEDIATRICO	YES SI	NO NO
1. Has your child been exposed to anyone with the confirmed or suspected TB? ¿Su hijo(a) ha sido expuesto(a) a alguien que tenga o sospeche que tenga tuberculosis?		
2. Has your child been exposed to any family member or close friend who has been in jail in the last five years? / ¿A estado su hijo/a expuesto a algun miembro de la familia o a un amigo cercano que ha estado encarcelado los ultimos cinco años?		
3. Has your child recently emigrated from Asia, the Middle East, Africa or Latin America? ¿Su hijo(a) ha emigrado de Asia, Medio Oeste, Africa o Latino America?		
4. Has your child recently traveled to Asia, the Middle East, Africa or Latin America? ¿A viajado su hijo(a) recientemente a Asia, Medio Oeste, Africa o Latino America?		
5. Does your child have HIV or live in a home with someone who has HIV? Tiene su hijo(a) SIDA o vive con alguien que tenga SIDA?		
6. Has your child been exposed to anyone with HIV, homeless residents or nursing homes, teens or adults in jail, or migrant farm workers? / ¿A estado su hijo (a) expuesto a alguien con SIDA, residente desamparado, que viva en un asilo, adultos encarcelados o trabajadores imigrantes de granja?		
7. Have you (parent) emigrated with known TB status from Asia, the Middle East, Africa or Latin America; Do you travel to these areas or have contact in your home with people from these areas with known TB status? ¿A usted(s) (padres) emigrado con estado positivo de TB de Asia, Africa, Medio Oriente o Latino America? ¿Viaja usted a estas areas o tiene contacto en su casa con personas de estas areas con estado positivo de TB?		
8. Does your child live in an area that you know to have a high prevalence of TB? ¿Vive su hijo(a) en una area que usted sabe que sea de alto predominio de tuberculosis?		
9. Does your child have diabetes, chronic renal failure, malnutrition, or a problem with the immune system that he/she was born with or acquired later in childhood? / ¿Tiene su hijo(a) diabetes, insuficiencia renal crónica, desnutrición o un problema con el sistema inmunológico con el que nació o adquirió en la infancia?		
Reviewed by:		