



24 Month Questionnaire

23 months 0 days
through 25 months 15 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. Without your showing him, does your child <i>point</i> to the correct picture when you say, "Show me the kitty," or ask, "Where is the dog?" (She needs to identify only one picture correctly.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 2. 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.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 3. Without your giving him clues by pointing or using gestures, can your child carry out at least <i>three</i> of these kinds of directions? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| <input type="radio"/> a. "Put the toy on the table." <input type="radio"/> d. "Find your coat."
<input type="radio"/> b. "Close the door." <input type="radio"/> e. "Take my hand."
<input type="radio"/> c. "Bring me a towel." <input type="radio"/> f. "Get your book." | | | | |
| 4. If you point to a picture of a ball (kitty, cup, hat, etc.) and ask your child, "What is this?" does your child correctly <i>name</i> at least one picture? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 5. 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: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |

COMMUNICATION *(continued)*

6. Does your child correctly use at least two words like "me," "I," "mine," and "you"?

YES	SOMETIMES	NOT YET	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

COMMUNICATION TOTAL _____

GROSS MOTOR

1. 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.)*

YES	SOMETIMES	NOT YET	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

2. 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.)*



<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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3. Does your child walk either up or down at least two steps by herself? She may hold onto the railing or wall.



<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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4. Does your child run fairly well, stopping herself without bumping into things or falling?



<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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5. Does your child jump with both feet leaving the floor at the same time?



<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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6. Without holding onto anything for support, does your child kick a ball by swinging his leg forward?



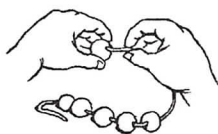
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____*
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GROSS MOTOR TOTAL _____

**If Gross Motor Item 6 is marked "yes" or "sometimes," mark Gross Motor Item 2 "yes."*

FINE MOTOR

- 1. Does your child get a spoon into his mouth right side up so that the food usually doesn't spill?
- 2. Does your child turn the pages of a book by herself? (She may turn more than one page at a time.)
- 3. Does your child use a turning motion with his hand while trying to turn doorknobs, wind up toys, twist tops, or screw lids on and off jars?
- 4. Does your child flip switches off and on?
- 5. Does your child stack seven small blocks or toys on top of each other by herself? (You could also use spools of thread, small boxes, or toys that are about 1 inch in size.)
- 6. Can your child string small items such as beads, macaroni, or pasta "wagon wheels" onto a string or shoelace?



YES	SOMETIMES	NOT YET	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
			FINE MOTOR TOTAL
			—

PROBLEM SOLVING

- 1. 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.)
- 2. 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.) (You can use a soda-pop bottle or baby bottle.)
- 3. Does your child pretend objects are something else? For example, does your child hold a cup to her ear, pretending it is a telephone? Does she put a box on her head, pretending it is a hat? Does she use a block or small toy to stir food?
- 4. Does your child put things away where they belong? For example, does he know his toys belong on the toy shelf, his blanket goes on his bed, and dishes go in the kitchen?
- 5. If your child wants something she cannot reach, does she find a chair or box to stand on to reach it (for example, to get a toy on a counter or to "help" you in the kitchen)?

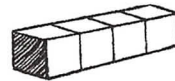


YES	SOMETIMES	NOT YET	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—

PROBLEM SOLVING (continued)

YES SOMETIMES NOT YET

6. While your child watches, line up four objects like blocks or cars in a row. Does your child copy or imitate you and line up *four* objects in a row? (You can also use spools of thread, small boxes, or other toys.)



PROBLEM SOLVING TOTAL _____

PERSONAL-SOCIAL

YES SOMETIMES NOT YET

1. Does your child drink from a cup or glass, putting it down again with little spilling?

2. Does your child copy the activities you do, such as wipe up a spill, sweep, shave, or comb hair?

3. Does your child eat with a fork?

4. When playing with either a stuffed animal or a doll, does your child pretend to rock it, feed it, change its diapers, put it to bed, and so forth?

5. Does your child push a little wagon, stroller, or other toy on wheels, steering it around objects and backing out of corners if he cannot turn?

6. Does your child call herself "I" or "me" more often than her own name? For example, "I do it," more often than "Juanita do it."

PERSONAL-SOCIAL TOTAL _____

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 her age? If no, explain: YES NO

OVERALL (continued)

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 his 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 any concerns about your child's vision? If yes, explain:

 YES NO

7. Has your child had any medical problems in the last several months? If yes, explain:

 YES NO

OVERALL *(continued)*

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

AMERICAN ACADEMY OF PEDIATRICS HEALTH SCREENING QUESTIONNAIRES FOR 24-29 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: _____

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. (18 mos – 59 mos) Algunas veces todos los niños pueden ser muy activos, disgustarse o tener problemas interactuando con otras personas. 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 los otros niños de su misma edad.	Not at all/ Igu (0)	Some- what/ Un poco mas (1)	Very Much/ Mucho mas (2)
1. Does your child seem nervous or afraid? ¿Su niño/a parece nervioso o asustado?	0	1	2
2. Does your child seem sad or unhappy? ¿Su niño/a parece triste o infeliz?	0	1	2
3. Does your child get upset if things are not done in a certain way? ¿Su niño/a se molesta si las cosas no se hacen de cierta manera?	0	1	2
4. Does your child have a hard time with change? ¿Su niño/a tiene dificultad con los cambios?	0	1	2
5. Does your child have trouble playing with other children? ¿Su niño/a tiene dificultad al jugar con otros niños?	0	1	2
6. Does your child break things on purpose? ¿Su niño/a rompe cosas a propósito?	0	1	2
7. Does your child fights with other children? ¿Su niño/a pelea con otros niños?	0	1	2
8. Does your child have trouble paying attention? ¿Su niño/a tiene dificultad para prestar atención?	0	1	2
9. Does your child have a hard time calming down? ¿Su niño/a tiene dificultad para calmarse?	0	1	2
10. Does your child have trouble staying with one activity? ¿Su niño/a se le dificulta mantenerse en una sola actividad?	0	1	2
11. Is your child aggressive? / ¿Su niño/a es agresivo/a?	0	1	2
12. Is your child fidgety or unable to sit still? ¿Su niño/a es inquieto o tiene dificultad para permanecer sentado?	0	1	2
13. Is your child angry? ¿Su niño/a se enoja con facilidad?	0	1	2
14. Is it hard to take your child out in public? ¿Es difícil llevar a su niño/a a lugares públicos?	0	1	2
15. Is it hard to comfort your child? ¿Es difícil consolar a su niño/a?	0	1	2
16. Is it hard to know what your child needs? ¿Es difícil saber qué necesita su niño/a?	0	1	2
Reviewed by: _____	Total:		/9

Patient Name/Nombre de paciente _____

M-CHAT (AUTISM SCREENING/ CUESTIONARIO DEL DESARROLLO COMUNICATIVO Y SOCIAL EN LA INFANCIA)

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.
Seleccione, rodeando con un círculo, la respuesta que le parece que refleja mejor cómo su hijo o hija actúa NORMALMENTE. Si el comportamiento no es el habitual (por ejemplo, usted solamente se lo ha visto hacer una o dos veces) conteste que el niño o niña NO lo hace. Por favor, conteste a todas las preguntas.

- | | | |
|--|--------|----|
| 1. Does your child enjoy being swung, bounced on your knee, etc.?
¿Le gusta que le balanceen, o que el adulto le haga el "caballito" sentándole en sus rodillas, etc.? | Yes/Si | No |
| 2. Does your child take an interest in other children?
¿Muestra interés por otros niños o niñas? | Yes/Si | No |
| 3. Does your child like climbing on things, such as up stairs?
¿Le gusta subirse a sitios como, por ejemplo, sillones, escalones, juegos del parque...? | Yes/Si | No |
| 4. Does your child enjoy playing peek-a-boo/hide-and-peek?
¿Le gusta que el adulto juegue con él o ella al "cucú-tras" (taparse los ojos y luego descubrirlos; jugar a esconderse y aparecer de repente) | Yes/Si | No |
| 5. Does your child ever pretend, for example, to talk on the phone or take care of a doll or pretend other things?
¿Alguna vez hace juegos imaginativos, por ejemplo haciendo como si hablara por teléfono, como si estuviera dando de comer a una muñeca, como si estuviera conduciendo un coche o cosas así?..... | Yes/Si | No |
| 6. Does your child ever use his/her index finger to point, to ask for something?
¿Suele señalar con el dedo para pedir algo?..... | Yes/Si | No |
| 7. Does your child ever use his/her index finger to point, to indicate interest in something?
¿Suele señalar con el dedo para indicar que algo le llama la atención?..... | Yes/Si | No |
| 8. Can your child play properly with small toys (e.g. cars or blocks) without just mouthing, fiddling, or dropping them?
¿Puede jugar adecuadamente con piezas o juguetes pequeños (por ejemplo cochecitos, muñequitos o bloques de construcción) sin únicamente chuparlos, agitarlos o tirarlos?..... | Yes/Si | No |
| 9. Does your child ever bring objects over to you (parent) to show you something?
¿Suele traerle objetos para enseñárselos?..... | Yes/Si | No |
| 10. Does your child look you in the eye for more than a second or two?
¿Suele mirarle a los ojos durante unos segundos?..... | Yes/Si | No |
| 11. Does your child ever seem oversensitive to noise? (e.g., plugging ears)
¿Le parece demasiado sensible a ruidos poco intensos? (por ejemplo, reacciona tapándose los oídos, etc.)..... | Yes/Si | No |
| 12. Does your child smile in response to your face or your smile?
¿Sonríe al verle a usted o cuando usted le sonríe?..... | Yes/Si | No |
| 13. Does your child imitate you? (e.g., you make a face-will your child imitate it?)
¿Puede imitar o repetir gestos o acciones que usted hace? (por ejemplo, si usted hace una mueca él o ella también la hace)..... | Yes/Si | No |
| 14. Does your child respond to his/her name when you call?
¿Responde cuando se le llama por su nombre? | Yes/Si | No |
| 15. If you point at a toy across the room, does your child look at it?
Si usted señala con el dedo un juguete al otro lado de la habitación... ¿Dirige su hijo o hija Sí No la mirada hacia ese juguete?.. | Yes/Si | No |
| 16. Does your child walk?
¿Ha aprendido ya a andar?..... | Yes/Si | No |
| 17. Does your child look at things you are looking at?
Si usted está mirando algo atentamente, ¿su hijo o hija se pone también a mirarlo?..... | Yes/Si | No |
| 18. Does your child make unusual finger movements near his/her face?
¿Hace su hijo o hija movimientos raros con los dedos, por ejemplo, acercándoselos a los ojos?..... | Yes/Si | No |
| 19. Does your child try to attract your attention to his/her own activity?
¿Intenta que usted preste atención a las actividades que él o ella está haciendo?..... | Yes/Si | No |
| 20. Have you ever wondered if your child is deaf?
¿Alguna vez ha pensado que su hijo o hija podría tener sordera?..... | Yes/Si | No |
| 21. Does your child understand what people say?
¿Entiende su hijo o hija lo que la gente dice?..... | Yes/Si | No |
| 22. Does your child sometimes stare at nothing or wander with no purpose?
¿Se queda a veces mirando al vacío o va de un lado al otro sin propósito?..... | Yes/Si | No |
| 23. Does your child look at your face to check your reaction when faced with something unfamiliar?
Si su hijo o hija tiene que enfrentarse a una situación desconocida, ¿le mira primero a usted a la cara para saber cómo reaccionar?..... | Yes/Si | No |

Reviewed by: _____

Patient Name/Nombre de paciente _____

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)			

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 inmigrantes 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:		