

NUTRITION QUESTIONNAIRE FOR CHILDREN AGES 1 TO 10

1. How would you describe your child's appetite?
- Fair
 - Good
 - Poor

2. How many days per week does your family eat meals together?

3. How would you describe mealtimes with your child?
- Always pleasant
 - Usually pleasant
 - Sometimes pleasant
 - Never pleasant

4. How many meals does your child eat per day? How many snacks?

5. Which of these foods did your child eat or drink last week?
(Check all that apply)

Grains:

- Bagels
- Bread
- Cereal/grits
- Crackers
- Muffins
- Noodles/pasta/rice
- Rolls
- Tortillas
- Other grains:.....

Vegetables

- Broccoli
- Carrots
- Corn
- Green beans
- Green salad
- Greens (collard, spinach)
- Peas
- Potatoes
- Tomatoes
- Other vegetables.....

Fruits

- Apples/ juice
- Bananas
- Grapefruit/juice
- Grapes/juice
- Melon
- Oranges/juice
- Peaches
- Pears
- Other fruits/ juice:.....

Milk and Milk Products

- Fat-free (skim) milk
- Low-fat (1%) milk
- Reduced-fat (2%) milk
- Whole milk
- Flavored milk
- Cheese
- Ice cream
- Yogurt
- Other milk and milk products:

Meal and Meal Alternatives

- Beef/hamburger
- Chicken
- Cold cuts/ deli meals
- Dried beans (for example, black beans, kidney beans, pinto beans)
- Eggs
- Fish
- Peanut butter/nuts
- Pork
- Sausage/bacon
- Tofu
- Turkey
- Other meal and meat alternatives:.....

Fats and Sweets

- Cake/cupcakes
- Candy
- Chips
- French fries
- Cookies
- Doughnuts
- Fruit-flavored drinks
- Soft drinks
- Pies
- Other fats and sweets:

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6. If your child is 5 years or younger, does he or she eat any of these foods? (Check all that apply.)
- Hot dogs
 - Marshmallows
 - Nuts and seeds
 - Peanut butter
 - Popcorn
 - Pretzels and chips
 - Raisins
 - Raw celery or carrots
 - Hard or chewy candy
 - Whole grapes
7. How much juice does your child drink per day? How much sweetened beverage (for example, fruit punch or soft drinks) does your child drink per day?
8. Does your child take a bottle to bed at night or carry a bottle around during the day?
- Yes No
9. What is the source of the water your child drinks? Sources include public, well, commercially bottled, and home system-processed water?
10. Do you have a working stove, oven, and refrigerator where you live?
- Yes No
11. Were there any days last month when your family didn't have enough food to eat or enough money to buy food?
12. Did you participate in physical activity (for example, walking or riding a bike) in the past week?
- Yes No
- If yes, on how many days and for how many minutes or hours per day?.....
13. Does your child spend more than 2 hours per day watching television and DVDs or playing computer games:
- Yes No
- If yes, how many hours per day?.....
14. Does your family watch television during meals?
- Yes No
15. What concerns or questions do you have about feeding your child or how your child is growing? Do you have any concerns or questions about your child's weight?

MARYLAND HEALTHY KIDS PROGRAM

Preventive Screen Questionnaire

Lead Risk Assessment:
(every well child visit from 6 months up to 6 years)

1. Has your child ever lived or stayed in a house or apartment that is built before 1978 (includes day care center, preschool home, home of babysitter or relative)?	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
2. Has your child ever lived outside the United States or recently arrived from a foreign country?	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
3. Is anyone in the home being treated or followed for lead poisoning?	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
4. Are there any current renovations or peeling paint in a home that your child regularly visits?	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
5. Does your child lick, eat, or chew things that are not food (paint chips, dirt, railings, poles, furniture, old toys, etc.)?	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
6. Is there any family member who is currently working in an occupation or hobby where lead exposure could occur (auto mechanic, ceramics, commercial painter, etc.)?	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
7. Does your family use products from other countries such as health remedies, traditional remedies, spices, cosmetics or other products canned or packaged outside of the United States? Or store or serve food in leaded crystal, pottery or pewter? Examples: Glazed pottery, Greta, Azarcon (Rueda, Coral, Liga), Litargirio, Surma, Kohl (Al kohl), Pay-loo-ah, Ayurvedic medicine, Ghassard).	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N

Tuberculosis Risk Assessment:
(The assessment must be completed at 1, 6 and 12 months, and then annually starting at 36 months.)

	Date	Date	Date	Date	Date	Date	Date	Date	Date
1. Has your child been exposed to anyone with a case of TB <u>OR</u> a positive tuberculin skin test, <u>OR</u> received a tuberculosis vaccination?	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
2. Was your child, or a household member, born in a high-risk country (countries other than the United States, Canada, Australia, New Zealand, or Western and North European countries)?	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
3. Has your child travelled (had a contact with resident populations) to a high-risk country for more than 1 week?	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
4. Does your child have daily contact with adults at high risk for TB (e.g., those who are HIV infected, homeless, incarcerated, and/or illicit drug users)?	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
5. Does your child have HIV infection?	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N

(A "yes" response or "don't know" to any question indicates a positive risk)

Patient Name: _____ **Birth Date:** _____



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.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
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," "Peek-a-boo," "clap your hands," "So Big")?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
3. Does your baby follow one simple command, such as "Come here," "Give it to me," or "Put it back," without your using gestures?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
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.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
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.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
6. When your baby wants something, does he tell you by <i>pointing</i> to it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___

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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
2. While holding onto furniture, does your baby lower herself with control (without falling or flopping down)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
3. Does your baby walk beside furniture while holding on with only one hand?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___



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.)*



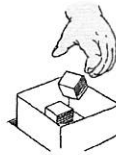
6. Does your baby help turn the pages of a book? *(You may lift a page for him to grasp.)*

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")? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 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)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 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.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 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.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 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.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ * |
| 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.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |



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.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 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? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 3. When you hold out your hand and ask for his toy, does your baby let go of it into your hand? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 4. 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"/> | ___ |
| 5. 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"/> | ___ |
| 6. Does your baby play with a doll or stuffed animal by hugging it? | <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



12 Month ASQ-3 Information Summary

11 months 0 days through
12 months 30 days

Baby's name: _____ Date ASQ completed: _____

Baby's ID #: _____ Date of birth: _____

Administering program/provider: _____ Was age adjusted for prematurity when selecting questionnaire? Yes No

1. SCORE AND TRANSFER TOTALS TO CHART BELOW: See ASQ-3 User's Guide for details, including how to adjust scores if item responses are missing. Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0). Add item scores, and record each area total. In the chart below, transfer the total scores, and fill in the circles corresponding with the total scores.

Area	Cutoff	Total Score	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	15.64		●	●	●	●	○	○	○	○	○	○	○	○	○
Gross Motor	21.49		●	●	●	●	●	○	○	○	○	○	○	○	○
Fine Motor	34.50		●	●	●	●	●	●	●	○	○	○	○	○	○
Problem Solving	27.32		●	●	●	●	●	●	○	○	○	○	○	○	○
Personal-Social	21.73		●	●	●	●	●	○	○	○	○	○	○	○	○

2. TRANSFER OVERALL RESPONSES: Bolded uppercase responses require follow-up. See ASQ-3 User's Guide, Chapter 6.

- | | | | | | |
|--|------------|-----------|--|------------|----|
| 1. Uses both hands and both legs equally well?
Comments: | Yes | NO | 6. Concerns about vision?
Comments: | YES | No |
| 2. Plays with sounds or seems to make words?
Comments: | Yes | NO | 7. Any medical problems?
Comments: | YES | No |
| 3. Feet are flat on the surface most of the time?
Comments: | Yes | NO | 8. Concerns about behavior?
Comments: | YES | No |
| 4. Concerns about not making sounds?
Comments: | YES | No | 9. Other concerns?
Comments: | YES | No |
| 5. Family history of hearing impairment?
Comments: | YES | No | | | |

3. ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP: You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.

If the baby's total score is in the area, it is above the cutoff, and the baby's development appears to be on schedule.
If the baby's total score is in the area, it is close to the cutoff. Provide learning activities and monitor.
If the baby's total score is in the area, it is below the cutoff. Further assessment with a professional may be needed.

- 4. FOLLOW-UP ACTION TAKEN:** Check all that apply.
- _____ Provide activities and rescreen in _____ months.
 - _____ Share results with primary health care provider.
 - _____ Refer for (circle all that apply) hearing, vision, and/or behavioral screening.
 - _____ Refer to primary health care provider or other community agency (specify reason): _____
 - _____ Refer to early intervention/early childhood special education.
 - _____ No further action taken at this time
 - _____ Other (specify): _____

5. OPTIONAL: Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

	1	2	3	4	5	6
Communication						
Gross Motor						
Fine Motor						
Problem Solving						
Personal-Social						

Activities for Infants 12-16 Months Old



<p>Babies love games at this age (Pat-a-Cake, This Little Piggy). Try different ways of playing the games and see if your baby will try it with you. Hide behind furniture or doors for Peekaboo; clap blocks or pan lids for Pat-a-cake.</p>	<p>Make puppets out of a sock or paper bag—one for you and one for your baby. Have your puppet talk to your baby or your baby's puppet. Encourage your baby to "talk" back.</p>	<p>To encourage your baby's first steps, hold your baby in standing position, facing another person. Have your baby step toward the other person to get a favorite toy or treat.</p>	<p>Give your baby containers with lids or different compartments filled with blocks or other small toys. Let your baby open and dump. Play "putting things back." This will help your baby learn how to release objects where he wants them.</p>	<p>Loosely wrap a small toy in a paper towel or facial tissue without tape. Your baby can unwrap it and find a surprise. Use tissue paper or wrapping paper, too. It's brightly colored and noisy.</p>
<p>Babies enjoy push and pull toys. Make your own pull toy by threading yogurt cartons, spoons, or small boxes on a piece of yarn or soft string (about 2 feet long). Tie a bead or plastic stacking ring on one end for a handle.</p>	<p>Tape a large piece of drawing paper to a table. Show your baby how to scribble with large nontoxic crayons. Take turns making marks on the paper. It's also fun to paint with water.</p>	<p>Arrange furniture so that your baby can work her way around a room by stepping across gaps between furniture. This encourages balance in walking.</p>	<p>Babies continue to love making noise. Make sound shakers by stringing canning rims together or filling medicine bottles (with child-proof caps) with different-sounding objects like marbles, rice, salt, bolts, and so forth. Be careful to secure lids tightly.</p>	<p>This is the time your baby learns that adults can be useful! When your baby "asks" for something by vocalizing or pointing, respond to his signal. Name the object your baby wants and encourage him to communicate again—taking turns with each other in a "conversation."</p>
<p>Play the naming game. Name body parts, common objects, and people. This lets your baby know that everything has a name and helps her begin to learn these names.</p>	<p>Make an obstacle course with boxes or furniture so that your baby can climb in, on, over, under, and through. A big box can be a great place to sit and play.</p>	<p>Let your baby help you clean up. Play "feed the wastebasket" or "give it to Mommy or Daddy."</p>	<p>Make a surprise bag for your baby to find in the morning. Fill a paper or cloth bag with a soft toy, something to make a sound, a little plastic jar with a screw-top lid, or a book with cardboard pages.</p>	<p>Play "pretend" with a stuffed animal or doll. Show and tell your baby what the doll is doing (walking, going to bed, eating, dancing across a table). See if your baby will make the doll move and do things as you request. Take turns.</p>
<p>Cut up safe finger foods (do not use foods that pose a danger of your baby's choking) in small pieces and allow your baby to feed himself. It is good practice to pick up small things and feel different textures (bananas, soft crackers, berries).</p>	<p>Let your baby "help" during daily routines. Encourage your baby to "get" the cup and spoon for mealtime, to "find" shoes and coat for dressing, and to "bring" the pants or diaper for changing. Following directions is an important skill for your baby to learn.</p>	<p>Your baby is learning that different toys do different things. Give your baby a lot of things to roll, push, pull, hug, shake, poke, turn, stack, spin, and stir.</p>	<p>Most babies enjoy music. Clap and dance to the music. Encourage your baby to practice balance by moving forward, around, and back. Hold her hands for support, if needed.</p>	<p>Prepare your baby for a future activity or trip by talking about it beforehand. Your baby will feel like a part of what is going on rather than being just an observer. It may also help reduce some fear of being "left behind."</p>