Maryland Healthy Kids Program Medical/Family History Questionnaire

Patient Name:			Date of Birth: Sex: (circle) Male Fema							
Form Completed By:	Toda	y's Date	Relationship:							
PREGNANCY AND BIF	TH HIS	TORY	PSYCHOSOCIAL HISTORY							
Name of Hospital: Illnesses during pregnancy? Medications during pregnancy Alcohol/Drug Abuse? Problems at birth? Describe: Type of delivery?	No [? No [No [No [Yes □ Yes □ Yes □ Yes □ Yes □ C-section Weight No □ Yes □	Who lives in household? How many? Rent?							
Newborn Hearing Screen?	No 🗆	l Yes □	Other Languages?	•						
FAMILY HIST	ORY		MEDICAL HISTO							
TB/Lung Disease HIV/AIDS Suicide Attempts Heart Disease High Blood Pressure/Stroke High Cholesterol Blood Disorders/Sickle Cell Diabetes Seizures Mental Illness Cancer Birth Defects Hearing Loss	No No No No No No No No	Who? Yes Yes	Allergies (List) Asthma Chicken Pox (Year) Frequent Ear Infections Vision/Hearing Problems Skin Problems/Eczema TB/Lung Disease Seizures/Epilepsy High Blood Pressure Heart Defects/Disease Liver Disease/Hepatitis Diabetes Kidney Disease/Bladder Infection Physical or Learning Disabilities Bleeding Disorders/Hemophilia Sexually Transmitted Diseases	No	Yes					
Speech Problems Kidney Disease Alcohol/Drug Abuse Hepatitis/Liver Disease Thyroid Disease Learning Problems/Attention Deficit Disorder	No	Yes Yes Yes Yes Yes Yes	Emotional or Behavioral Problem Depression/Suicidal Thoughts Hospitalizations/Surgeries Physical/Emotional/ Sexual Abus Bone or Joint Injuries Obesity/Eating Disorders Other: Current Medication(s): (List)	NO	Yes Yes					
Reviewed by:			Date of Review:							

NUTRITION QUESTIONNAIRE FOR INFANTS

1.	How would you describe feeding time with your baby? (Check all that apply.)
	 □ Always pleasant □ Usually pleasant □ Sometimes pleasant □ Never pleasant
2.	How do you know when your baby is hungry or has had enough to eat?
3	What type of milk do you feed your baby and how often? (Check all that apply.)
	□ Iron-fortified infant formula □ Evaporated milk □ Whole milk □ Reduced-fat (2%) milk □ Low-fat (1%) milk □ Fat-free (skim) milk □ Goat's milk □ Soymilk
4.	What types of things can your baby do? (Check all that apply.)
	 □ Open mouth for breast or bottle □ Drink liquids □ Follow objects and sounds with eyes □ Put hand in mouth □ Sit with support □ Bring objects to mouth and bite them □ Hold bottle without support □ Drink from a cup that is held
5.	Does your baby eat solid foods? If yes, which ones?

09/30/2014

NUTRITION QUESTIONNAIRE FOR INFANTS

6.	Does your baby drink juice? If yes, how much?
7.	Does your baby take a bottle to bed at night or carry a bottle around during the day?
8.	Do you add honey to your baby's bottle or dip your baby's pacifier in honey?
9.	What is the source of the water your baby 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?
	Were there any days last month when your family didn't have enough food to eat or ugh money to buy food?
	What concerns or questions do you have about feeding your baby or how your baby is wing? Do you have any concerns or questions about your baby's weight?

ASQ3 Ages & Stages Questionnaires®

9 months 0 days through 9 months 30 days Month Questionnaire

Please provide the following information. Use black or blue ink only and print legibly when completing this form.

Date ASQ completed:

Baby's first name:		Middle initial:	Baby's last name:
Baby's date of birth: M M D D Y Y Y Y	If baby was born 3 or more weeks prematurely, # of weeks premature:		Baby's gender: Male Female
Person filling out questi	onnaire		
First name:	100 C 000 3300 300 40 000 3	Middle initial:	Last name:
Street address:			Relationship to baby:
Street address:			Parent O Guardian O Toachor O Child care
Street address:			Parent Guardian Teacher Child care provider Grandparent Foster parent Other:
			Parent Guardian Teacher Child care provider
Street address: City:			Parent Guardian Teacher Child care provider Grandparent Foster parent Other:
		lome teleph	Parent Guardian Teacher Child care provider Grandparent Foster parent Other:

Program ID #:	Age at administration, in months and days: M M D D
Program name:	If premature, adjusted age, in months and days: M M D D

PROGRAM INFORMATION

Baby ID #:

Names of people assisting in questionnaire completion:



9 Month Questionnaire

9 months 0 days through 9 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.

	lm	portant Points to Remember:	Notes:				
	র	Try each activity with your baby before marking a response					
Practice of the second	Ø	Make completing this questionnaire a game that is fun for you and your baby.					
	র	Make sure your baby is rested and fed.	(400)				
	₫	Please return this questionnaire by					_)
C	ON	MMUNICATION		YES	SOMETIMES	NOT YET	
1.	Do	pes your baby make sounds like "da," "ga," "ka," and "ba"?		\circ	\circ	\circ	
2.		you copy the sounds your baby makes, does your baby repe me sounds back to you?	at the	\bigcirc	\circ	\circ	
3.		pes your baby make two similar sounds like "ba-ba," "da-da, a-ga"? (The sounds do not need to mean anything.)	" or	0	\bigcirc	\circ	AND DESCRIPTION OF
4.	yo	ou ask your baby to, does he play at least one nursery game u don't show him the activity yourself (such as "bye-bye," "F o," "clap your hands," "So Big")?		\circ	\circ	0	
5.	Do "G	pes your baby follow one simple command, such as "Come hive it to me," or "Put it back," without your using gestures?	ere,"	0	\circ	\circ	
6.	"B	pes your baby say three words, such as "Mama," "Dada," an aba"? (A "word" is a sound or sounds your baby says consis ean someone or something.)		0	\circ	\circ	
	1110	san someone or something.)		(COMMUNICATIC	N TOTAL	**************************************
G	RC	OSS MOTOR		YES	SOMETIMES	NOT YET	
1.		you hold both hands just to balance your baby, does e support her own weight while standing?		0	0	0	-
2.		nen sitting on the floor, does your baby sit up straight for veral minutes without using his hands for support?		0	\circ	0	-

GROSS MOTOR (continued) **SOMETIMES** YES **NOT YET** 3. When you stand your baby next to furniture or the crib rail, does she hold on without leaning her chest against the furniture for support? 4. While holding onto furniture, does your baby bend down and pick up a toy from the floor and then return to a standing position? 5. While holding onto furniture, does your baby lower himself with control (without falling or flopping down)? 6. Does your baby walk beside furniture while holding on with only one hand? **GROSS MOTOR TOTAL FINE MOTOR** YES **SOMETIMES NOT YET** 1. Does your baby pick up a small toy with only one hand? 2. Does your baby successfully pick up a crumb or Cheerio by using her thumb and all of her fingers in a raking motion? (If she already picks up a crumb or Cheerio, mark "yes" for this item.) 3. Does your baby pick up a small toy with the tips of his thumb and fingers? (You should see a space between the toy and his palm.) 4. After one or two tries, does your baby pick up a piece of string with her first finger and thumb? (The string may be attached to a toy.) 5. Does your baby pick up a crumb or Cheerio with the tips of his thumb and a finger? He may rest his arm or hand on the table while doing it. Does your baby put a small toy down, without dropping it, and then take her hand off the toy? FINE MOTOR TOTAL

*If Fine Motor Item 5 is marked "yes" or "sometimes," mark Fine Motor Item 2 "yes."

PERSONAL-SOCIAL TOTAL

6. When you hold out your hand and ask for her toy, does your baby let

go of it into your hand?

Ра	rents 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	O NO	
2.	When you help your baby stand, are his feet flat on the surface most of the time? If no, explain:	YES	О NO	
3.	Do you have concerns that your baby is too quiet or does not make sounds like other babies? If yes, explain:	YES	O NO	
1.	Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain:	YES	Оио	
i.	Do you have concerns about your baby's vision? If yes, explain:	YES	О мо	<u> </u>
	Has your baby had any medical problems in the last several months? If yes, explain:	O YES	O NO	<i>)</i>
_				

▲ASQ3	9 Month Question	nnaire page 6 of 6
OVERALL (continued)		
7. Do you have any concerns about your baby's behavior? If yes, explain:	YES	O NO
8. Does anything about your baby worry you? If yes, explain:	YES	O NO



9 Month ASQ-3 Information Summary

9 months 0 days through 9 months 30 days

Baby's name:									Date ASQ completed:										
Baby's ID #:								[Date of birth:										
Ac	dmini	stering pr	ogram/p	orovider:					\										
1.						IMES =	ASQ-3 User's Guide for details, including how to adjust scores if item ES = 5, NOT YET = 0). Add item scores, and record each area total. les corresponding with the total scores.												
		Area	Cutoff	Total Score	0	5	10	15	20	2	5 30	35	40	45	5	0	55		60
	Comi	munication	13.97					0	0		\Diamond	0	0	0	()	0		0
	G	ross Motor	17.82						0			0	0 0 0 0						0
	ı	Fine Motor	31.32				0					0	0	0)	0		0
	Proble	em Solving	28.72									0	0	0)	0		0
	Pers	onal-Social	18.91						0			0	0	0)	0		0
2.	TR	ANSFER (OVERAL	L RESPO	NSES:	Bolded	upperd	case res	ponses	requi	re follow-up	. See A	SQ-3 Use	r's Gu	uide,	Chap	oter 6).	
	1.	Uses bot Commer		and bot	h legs e	qually w	vell?	Yes	NO	5.	Concerns Comments		vision?				Y	ΈS	No
	Feet are flat on the surface most of the time? Yes NO Comments:							NO	O 6. Any medical problems? Comments:						Y	ES	No		
	3.	Concerns about not making sounds? YES No Comments:					No	7. Concerns about behavior? Comments:						Y	ES	No			
	4.						Other conc							No					
3.	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	ne baby's he baby's	total sco total sco	ore is in t ore is in t	he 📖 a	area, it i area, it i	s close s belov	to the o	cutoff. itoff. Fi	Provid urther	e learning a assessment	with a	s and mor professior	nitor. nal ma	ay be	nee	ded.		
4.	FO	LLOW-UP	ACTIO	N TAKEN	I: Checl	call that	t apply.						OPTION						
		Provide a	activities	and res	creen in	r	nonths						YES, S = response			IE5, I	ν = Γ	101	YEI,
	ı	Share res	sults witl	h primary	y health	care pr	ovider.							T 1	2	3	4	5	6
-		Refer for	(circle a	ıll that ap	oply) hea	aring, vi	sion, ar	nd/or be	ehavior	ral scre	ening.	Cor	nmunication	+	-		т		
		Refer to reason):									oecify 		Gross Motor	-					
		Refer to											Fine Motor						
		No furth		1			17.7					Prob	olem Solving						
Other (specify):								Per	rsonal-Social										

Activities for Infants 8-12 Months Old



be able to finger feed an entire and mouth. Soon your baby will ence with textures in his hands peas) and also gives him experiup small objects (cereal, cooked gives your baby practice picking Let your baby feed himself. This

objects together. Show your baby how to bang spoons to bang on containers rattles to shake, or wooden Give your baby blocks to bang, banging objects to make noise Your baby will be interested in

shelves. drawer or small cartons (Jell-O tuna or soup cans) on and off socks in and out of the sock Your baby may enjoy putting ers with large beads or blocks Give your baby plastic containjects in and out of containers.

A good pastime is putting ob

herself in the mirror. Smile and Let your baby pat and poke at Mirrors are exciting at this age

or busy box. Your baby will want baby poke at a play telephone body parts as your baby touches to poke at faces. Name the index fingers to poke. Let your Your baby will begin using his

make faces together in the

find the object. diaper, or pillow. If your baby

picture. Let your baby pat pic-

telling your baby what is in the magazines by pointing and Read baby books or colorful

tures in the book.

doesn't uncover the object, just objects. Let your baby see you cover part of it. Help your baby hide an object under a blanket,

Play hide-and-seek games with

this game. balls or Nerf balls are great for even throw the ball, so beach ball back to you. Your baby may have a partner help him roll the your baby. Help your baby, or Play ball games. Roll a ball to

sponges, and balls that float in the bathtub. Bath time is a great dles, sieves and strainers, measuring cups, cups with hanlearning time.

and let your baby bounce and

your baby in a standing position Turn on a radio or stereo. Hold with the toys.

went in! Now you are out!" about what she is doing. "You

close by and talk to your baby can crawl in and out of. Stay Find a big box that your baby

practice standing while playing table so that your baby can Put toys on a sofa or sturdy

hands and dance like partners. with a little support, hold her dance. If your baby can stand

enjoy playing the same games

movements and sounds. Babies at your baby's imitations of boo and So Big. Show pleasure

Play imitation games like Peeka-

Let your baby play with plastic

over and over.

again. Try the game using blocks or spoons to clap and signals you to start the game bang with. turns. Wait and see if your baby Clap his hands together or take Play Pat-a-Cake with your baby

Your baby will play more with

point to the chosen object. Bawhich one your baby picks. Encourage your baby to reach or Offer two toys or foods and see Let your baby make choices Enjoy your baby's early attempts and see if your baby tries it, too. baby makes. Add a new one "da-da." Copy the sounds your different sounds like "la-la" and at talking.

Pong balls inside a muffin pan or baby by putting blocks or Ping-Make a simple puzzle for your egg carton.

baby wooden clothes pins or tic lid of a coffee can. Give your cutting a round hole in the plas-Ping-Pong balls to drop inside You can make a simple toy by

others. Waving "hi" and "bye" Help your baby wave to greet are early gestures. courage your baby to imitate. ing a room with your baby. En-Say "hi" and wave when enter-

and move at her own speed. Go but these can be frightening. good experiences for your baby, when she is ready for more. slowly. Your baby will tell you Let your baby watch and listen New places and people are

bies have definite likes and