

CHILD'S NAME (LAST,FIRST,MI) _____
 CHILD'S BIRTHDAY _____ PHONE # _____
 EMAIL (PERSONAL) _____

Place Patient
Sticker Here

15 MONTH SCREENING QUESTIONNAIRE

Family Member Deployment	
~Is a household family member currently deployed or on extended duty outside of the immediate area?	() yes () no
~Would you like information on additional family resources that may be available during this time?	() yes () no

Domestic Violence Screening	
~Is the patient or caregiver now in a situation where they are being verbally or physically hurt, threatened, or made to feel afraid?	() yes () no
~Has the patient or the caregiver ever been forced/pressured to engage in any sexual activity or touched in a way that made them feel uncomfortable?	() yes () no
~Has the patient or the caregiver ever been hit, kicked, slapped, pushed, or shoved by a partner or someone important to them?	() yes () no

Hearing Screening	
~Do you have any concerns about your child's hearing?	() yes () no
Vision Screening	
~Do you have any concerns about your child's vision?	() yes () no
Dental screening	
~Do you have fluoride in your water or does your baby take a supplement?	() yes () no
~Do you have concerns about your child's oral health?	() yes () no
~Does your child take a bottle of juice or milk to bed?	() yes () no
~Does your child get his/her teeth brushed at least once per day with fluoride toothpaste?	() yes () no

Lead Screening	
~Does your child live in a high lead risk ZIP code?	() yes () no () don't know
~What is your zip code?	_____
~Does your child, family member (sibling, cousin) or a playmate have lead poisoning?	() yes () no () don't know
~Does your child reside in or visit a house or childcare facility built before 1978?	() yes () no () don't know
~Does your child reside in or visit a house or childcare facility built before 1978 which has peeling/chipping paint or has been renovated or remodeled within the last 6 months?	() yes () no () don't know
~Does your child live in or regularly visit Mexico?	() yes () no () don't know
~Does your child eat Mexican candy?	() yes () no () don't know
~Is your family eligible for WIC or qualify for state programs such as HeadStart?	() yes () no () don't know

Anemia	
~Does your child have a history of anemia?	() yes () no () don't know
~Has your child required iron supplements in the past?	() yes () no
~Does your child drink more than 24 ozs milk/day?	() yes () no

Family History: Please circle if applicable and write who is affected in your family in relation to this child.
 For those with "No" check marks- please check if NOT applicable.

Family History: Place Check Mark if applicable	Whom in relation to child? <i>I.E. Child's maternal Grandma, Child's paternal Grandpa? Child's brother? Child's sister?</i>	Family History: Place Check Mark if applicable	Whom in relation to child? <i>I.E. Child's maternal Grandma, Child's paternal Grandpa? Child's brother? Child's sister?</i>
Asthma		Childhood hearing loss	
ADHD		Anxiety/Depression	
Auto Immune Disease? <i>(Please list: For Example: JRA, Type 1 Diabetes, Lupus, Hashimoto's, etc)</i>		Other mental health condition? <i>(Please specify)</i>	
Autism		Diabetes	
Cancer <i>Please specify type and age at onset if known.</i>		Death before the age of 50? <i>Please list cause of death (including mental health related)</i>	
Congenital Heart Disease		Genetic Condition	
Congenital Hearing Loss		Heart attack or Heart Disease	
Eczema		Stroke	
Hypertension (High Blood Pressure)		Hyperlipidemia (High Cholesterol)	
Kidney Disease		Other:	

EFMP: _____ Date: _____
 If your child is enrolled to EFMP, when is it due to expire? _____

Surgical History: Please list any surgeries, hospitalizations, and approximate dates (NICU, PICU, tonsillectomy, etc)

Surgery/Hospitalization:	Date:

If applicable: please list if your child has been diagnosed with any chronic medical conditions (e.g.: asthma, ADHD, autism) and list any specialists or therapists your child sees (e.g.: ENT, speech)

Chronic Medical Conditions?	Specialist: (please also list diagnosis if known) i.e. Speech therapy for autism	How often? (weekly, yearly, etc)	New referral needed?

Do you have questions or concerns for your provider today?



SWYC:TM 15 months

15 months, 0 days to 17 months, 31 days
V1.08, 9/1/19

Child's Name:

Birth Date:

Today's Date:

DEVELOPMENTAL MILESTONES

Most children at this age will be able to do some (but not all) of the developmental tasks listed below. Please tell us how much your child is doing each of these things. PLEASE BE SURE TO ANSWER ALL THE QUESTIONS.

	Not Yet	Somewhat	Very Much
Calls you "mama" or "dada" or similar name	0	1	2
Looks around when you say things like "Where's your bottle?" or "Where's your blanket?"	0	1	2
Copies sounds that you make	0	1	2
Walks across a room without help	0	1	2
Follows directions - like "Come here" or "Give me the ball"	0	1	2
Runs	0	1	2
Walks up stairs with help	0	1	2
Kicks a ball	0	1	2
Names at least 5 familiar objects - like ball or milk	0	1	2
Names at least 5 body parts - like nose, hand, or tummy	0	1	2

BABY PEDIATRIC SYMPTOM CHECKLIST (BPSC)

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.

	Not at all	Somewhat	Very Much
Does your child have a hard time being with new people?	0	1	2
Does your child have a hard time in new places?	0	1	2
Does your child have a hard time with change?	0	1	2
Does your child mind being held by other people?	0	1	2
Does your child cry a lot?	0	1	2
Does your child have a hard time calming down?	0	1	2
Is your child fussy or irritable?	0	1	2
Is it hard to comfort your child?	0	1	2
Is it hard to keep your child on a schedule or routine?	0	1	2
Is it hard to put your child to sleep?	0	1	2
Is it hard to get enough sleep because of your child?	0	1	2
Does your child have trouble staying asleep?	0	1	2

PARENT'S CONCERNS

	Not At All	Somewhat	Very Much
Do you have any concerns about your child's learning or development?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have any concerns about your child's behavior?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

FAMILY QUESTIONS

Because family members can have a big impact on your child's development, please answer a few questions about your family below:

	Yes	No
1 Does anyone who lives with your child smoke tobacco?	<input type="radio"/> Y	<input type="radio"/> N
2 In the last year, have you ever drunk alcohol or used drugs more than you meant to?	<input type="radio"/> Y	<input type="radio"/> N
3 Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?	<input type="radio"/> Y	<input type="radio"/> N
4 Has a family member's drinking or drug use ever had a bad effect on your child?	<input type="radio"/> Y	<input type="radio"/> N

	Never true	Sometimes true	Often true
5 Within the past 12 months, we worried whether our food would run out before we got money to buy more.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Over the past two weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
6 Having little interest or pleasure in doing things?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
7 Feeling down, depressed, or hopeless?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

	No tension	Some tension	A lot of tension	Not applicable
8 In general, how would you describe your relationship with your spouse/partner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	No difficulty	Some difficulty	Great difficulty	Not applicable
9 Do you and your partner work out arguments with:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10 During the past week, how many days did you or other family members read to your child?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
--	-------------------------	-------------------------	-------------------------	-------------------------	-------------------------	-------------------------	-------------------------	-------------------------

11. Are you worried or concerned that in the next 2 months you may not have stable housing that you own, rent, or stay in as part of a household?	Yes	No
12. In the past year, has the utility company shut off your service for not paying your bills?	Yes	No
13. In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work, or from getting things you needed for daily living?	Yes	No

Your child at 15 months



Child's Name _____

Child's Age _____

Today's Date _____

Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by 15 months. Take this with you and talk with your child's doctor at every well-child visit about the milestones your child has reached and what to expect next.

What most children do by this age:

Social/Emotional Milestones

- Copies other children while playing, like taking toys out of a container when another child does
- Shows you an object she likes
- Claps when excited
- Hugs stuffed doll or other toy
- Shows you affection (hugs, cuddles, or kisses you)

Language/Communication Milestones

- Tries to say one or two words besides "mama" or "dada," like "ba" for ball or "da" for dog
- Looks at a familiar object when you name it
- Follows directions given with both a gesture and words. For example, he gives you a toy when you hold out your hand and say, "Give me the toy."
- Points to ask for something or to get help

Cognitive Milestones (learning, thinking, problem-solving)

- Tries to use things the right way, like a phone, cup, or book
- Stacks at least two small objects, like blocks

Movement/Physical Development Milestones

- Takes a few steps on his own
- Uses fingers to feed herself some food

Other important things to share with the doctor...

- What are some things you and your child do together?
- What are some things your child likes to do?
- Is there anything your child does or does not do that concerns you?
- Has your child lost any skills he/she once had?
- Does your child have any special healthcare needs or was he/she born prematurely?

You know your child best. Don't wait. If your child is not meeting one or more milestones, has lost skills he or she once had, or you have other concerns, act early. Talk with your child's doctor, share your concerns, and ask about developmental screening. If you or the doctor are still concerned:

1. Ask for a referral to a specialist who can evaluate your child more; and
2. Call your state or territory's early intervention program to find out if your child can get services to help. Learn more and find the number at [cdc.gov/FindEI](https://www.cdc.gov/FindEI).

For more on how to help your child, visit [cdc.gov/Concerned](https://www.cdc.gov/Concerned).

Don't wait.
Acting early can make
a real difference!



Download CDC's
free Milestone
Tracker app



American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN®

Help your child learn and grow

As your child's first teacher, you can help his or her learning and brain development. Try these simple tips and activities in a safe way. Talk with your child's doctor and teachers if you have questions or for more ideas on how to help your child's development.



- Help your child learn to speak. A child's early words are not complete. Repeat and add to what he says. He may say "ba" for ball and you can say "Ball, yes, that's a ball."
- Tell your child the names of objects when he points to them and wait a few seconds to see if he makes any sounds before handing it to him. If he does make a sound, acknowledge him, and repeat the name of the object. "Yes! Cup."
- Find ways to let your child help with everyday activities. Let her get her shoes to go outside, put the snacks in the bag for the park, or put the socks in the basket.
- Have steady routines for sleeping and feeding. Create a calm, quiet bedtime for your child. Put on his pajamas, brush his teeth, and read 1 or 2 books to him. Children between 1 and 2 years of age need 11 to 14 hours of sleep a day (including naps). Consistent sleep times make it easier!
- Show your child different things, such as a hat. Ask him, "What do you do with a hat? You put it on your head." Put it on your head and then give it to him to see if he copies you. Do this with other objects, such as a book or a cup.
- Sing songs with gestures, such as "Wheels on the Bus." See if your child tries to do some of the actions.
- Say what you think your child is feeling (for example, sad, mad, frustrated, happy). Use your words, facial expressions, and voice to show what you think she is feeling. For example, say "You are frustrated because we can't go outside, but you can't hit. Let's go look for an indoor game."
- Expect tantrums. They are normal at this age and are more likely if your child is tired or hungry. Tantrums should become shorter and happen less as he gets older. You can try a distraction, but it is ok to let him have the tantrum without doing anything. Give him some time to calm down and move on.
- Teach your child "wanted behaviors." Show her what to do and use positive words or give her hugs and kisses when she does it. For example, if she pulls your pet's tail, teach her how to pet gently. Give her a hug when she does it.
- Limit screen time (TV, tablets, phones, etc.) to video calling with loved ones. Screen time is not recommended for children younger than 2 years of age. Children learn by talking, playing, and interacting with others.
- Encourage your child to play with blocks. You can stack the blocks and she can knock them down.
- Let your child use a cup without a lid for drinking and practice eating with a spoon. Learning to eat and drink is messy but fun!

To see more tips and activities download CDC's Milestone Tracker app.

This milestone checklist is not a substitute for a standardized, validated developmental screening tool. These developmental milestones show what most children (75% or more) can do by each age. Subject matter experts selected these milestones based on available data and expert consensus.

www.cdc.gov/ActEarly | 1-800-CDC-INFO (1-800-232-4636)



Download CDC's
free Milestone
Tracker app



Learn the Signs. Act Early.

BRIGHT FUTURES HANDOUT ► PARENT 15 MONTH VISIT

Height: _____/_____ Percentile
Weight: _____/_____ Percentile
Head circ: _____/_____ Percentile



Here are some suggestions from Bright Futures experts that may be of value to your family.

✓ TALKING AND FEELING

- Try to give choices. Allow your child to choose between 2 good options, such as a banana or an apple, or 2 favorite books.
- Know that it is normal for your child to be anxious around new people. Be sure to comfort your child.
- Take time for yourself and your partner.
- Get support from other parents.
- Show your child how to use words.
 - Use simple, clear phrases to talk to your child.
 - Use simple words to talk about a book's pictures when reading.
 - Use words to describe your child's feelings.
 - Describe your child's gestures with words.

✓ A GOOD NIGHT'S SLEEP

- Put your child to bed at the same time every night. Early is better.
- Make the hour before bedtime loving and calm.
- Have a simple bedtime routine that includes a book.
- Try to tuck in your child when he is drowsy but still awake.
- Don't give your child a bottle in bed.
- Don't put a TV, computer, tablet, or smartphone in your child's bedroom.
- Avoid giving your child enjoyable attention if he wakes during the night. Use words to reassure and give a blanket or toy to hold for comfort.

✓ TANTRUMS AND DISCIPLINE

- Use distraction to stop tantrums when you can.
- Praise your child when she does what you ask her to do and for what she can accomplish.
- Set limits and use discipline to teach and protect your child, not to punish her.
- Limit the need to say "No!" by making your home and yard safe for play.
- Teach your child not to hit, bite, or hurt other people.
- Be a role model.

✓ HEALTHY TEETH

- Take your child for a first dental visit if you have not done so.
- Brush your child's teeth twice each day with a small smear of fluoridated toothpaste, no more than a grain of rice.
- Wean your child from the bottle.
- Brush your own teeth. Avoid sharing cups and spoons with your child. Don't clean her pacifier in your mouth.

Helpful Resources: Poison Help Line: 800-222-1222

Information About Car Safety Seats: www.safercar.gov/parents | Toll-free Auto Safety Hotline: 888-327-4236

15 MONTH VISIT—PARENT

✓ SAFETY

- Make sure your child's car safety seat is rear facing until he reaches the highest weight or height allowed by the car safety seat's manufacturer. In most cases, this will be well past the second birthday.
- Never put your child in the front seat of a vehicle that has a passenger airbag. The back seat is the safest.
- Everyone should wear a seat belt in the car.
- Keep poisons, medicines, and lawn and cleaning supplies in locked cabinets, out of your child's sight and reach.
- Put the Poison Help number into all phones, including cell phones. Call if you are worried your child has swallowed something harmful. Don't make your child vomit.
- Place gates at the top and bottom of stairs. Install operable window guards on windows at the second story and higher. Keep furniture away from windows.
- Turn pan handles toward the back of the stove.
- Don't leave hot liquids on tables with tablecloths that your child might pull down.
- Have working smoke and carbon monoxide alarms on every floor. Test them every month and change the batteries every year. Make a family escape plan in case of fire in your home.

WHAT TO EXPECT AT YOUR CHILD'S 18 MONTH VISIT

We will talk about

- Handling stranger anxiety, setting limits, and knowing when to start toilet training
- Supporting your child's speech and ability to communicate
- Talking, reading, and using tablets or smartphones with your child
- Eating healthy
- Keeping your child safe at home, outside, and in the car

Consistent with *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, 4th Edition

For more information, go to <https://brightfutures.aap.org>.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



The information contained in this handout should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances. Original handout included as part of the *Bright Futures Tool and Resource Kit*, 2nd Edition.

Inclusion in this handout does not imply an endorsement by the American Academy of Pediatrics (AAP). The AAP is not responsible for the content of the resources mentioned in this handout. Web site addresses are as current as possible but may change at any time.

The American Academy of Pediatrics (AAP) does not review or endorse any modifications made to this handout and in no event shall the AAP be liable for any such changes.

© 2019 American Academy of Pediatrics. All rights reserved.