# 12 Month
## Well Check Questionnaire

**Please answer these questions about your child.**
Skip any questions that you cannot answer or that do not apply.
Your answers will help us provide you and your child with the best possible care.

Do you have any questions or concerns that you would like to discuss with your doctor? . . . . . ☐ **Yes** ☐ **No**
If yes, please describe: _____

### NUTRITION

1. What does your child eat? Check all that apply: ☐ **Breast milk** ☐ **Formula** ☐ **Cow's milk** ☐ **Solid foods**
2. Have you started weaning your child from the bottle? . . . . . ☐ **No** ☐ **Yes**
3. Do you offer your child fruits or vegetables with most meals and snacks? . . . . . ☐ **No** ☐ **Yes**
4. Does your child drink juice? . . . . . ☐ **Yes** ☐ **No**

### DENTAL HEALTH

5. Do you give your child a bottle with anything in it except formula, milk, or water? . . . . . ☐ **Yes** ☐ **No**
6. Has your child seen a dentist? . . . . . ☐ **No** ☐ **Yes**

### TUBERCULOSIS

7. Has your child had close contact with anyone who has tuberculosis (TB) or who has had a positive TB skin test? . . . . . ☐ **Yes** ☐ **No**
8. Was your child born in a country at high risk for tuberculosis (including countries in South America, Central America, Africa, Asia [except Japan], Eastern Europe, Russia, and surrounding areas), or has anyone in your household (including your child) traveled to one of these countries? . . . . . ☐ **Yes** ☐ **No**

### SAFETY

9. Do you give your child foods that may cause choking (such as hot dogs, nuts or seeds, whole grapes, and hard or sticky candy)? . . . . . ☐ **Yes** ☐ **No**
10. Do you place your child in a rear-facing car seat in the backseat for every car ride? . . . . . ☐ **No** ☐ **Yes**
11. If your home has more than one floor, do you have safety guards on the windows and gates on the stairs? . . . . . ☐ **No** ☐ **Yes**
12. Do you know what to do if your child is choking? . . . . . ☐ **No** ☐ **Yes**
13. Does your home keep cleaning supplies, medicines, and matches locked away? . . . . . ☐ **No** ☐ **Yes**
14. Do you stay with your child at all times around water (such as in the bathtub and around pools, ponds, and buckets)? . . . . . ☐ **No** ☐ **Yes**
15. Does your child live in, or spend a lot of time in, a building that was built before 1978 and has peeling or chipped paint, or that has been recently renovated? . . . . . ☐ **Yes** ☐ **No**

### YOUR GROWING CHILD

16. Does your child play games like "peekaboo" or "patty-cake"? ☐ **Not yet** ☐ **Somewhat** ☐ **Yes, often**
17. Does your child call you "mama" or "dada" or similar name? ☐ **Not yet** ☐ **Somewhat** ☐ **Yes, often**
18. Does your child look around when you say things like, "Where's your bottle?" or "Where's your blanket?" ☐ **Not yet** ☐ **Somewhat** ☐ **Yes, often**

### FAMILY LIFE

19. Does your child watch TV or movies, or play games on a phone or tablet? . . . . . ☐ **Yes** ☐ **No**
20. Since your child's last check-up, has your family or child experienced any major issues (such as illness, move, job change or loss, separation or divorce, death in the family)? . . . . . ☐ **Yes** ☐ **No**
If yes, please list: _____


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# 12個月
## 健康核查問卷

**請回答以下有關您孩子的問題。**
請跳過任何您無法回答或不適用的問題。
您的回答將幫助我們為您和孩子提供最佳護理。

您有任何疑問或顧慮想要咨詢醫生嗎？ ☐ 是 ☐ 否
如果回答「是」，請說明：_____

### 營養

1. 您給孩子吃什麼？勾選所有適用選項： ☐ 母乳 ☐ 奶粉 ☐ 牛奶 ☐ 固體食物
2. 您開始讓孩子斷奶瓶了嗎？ ☐ 否 ☐ 是
3. 您是否在大部分正餐和點心中都會給孩子水果或蔬菜？ ☐ 否 ☐ 是
4. 您的孩子喝果汁嗎？ ☐ 是 ☐ 否

### 牙齒健康

5. 除裝有沖泡奶粉、牛奶或水的奶瓶外，您還會給孩子裝有其他東西的奶瓶嗎？ ☐ 是 ☐ 否
6. 您的孩子看過牙醫嗎？ ☐ 否 ☐ 是

### 結核病

7. 您的孩子曾經和任何結核病 (TB) 患者或結核病皮膚測試呈陽性的人有過近距離接觸嗎？ ☐ 是 ☐ 否
8. 您的孩子是否出生在結核病高風險國家（包括中南美洲、非洲、亞洲 [日本除外]、東歐國家、俄羅斯及周邊地區），或者您家裡是否有人（包括您的孩子）曾到過這些國家或地區？ ☐ 是 ☐ 否

### 安全

9. 您會給孩子吃可能導致哽噎的食物（例如熱狗、堅果或種籽、整顆葡萄、硬糖或軟糖）嗎？ ☐ 是 ☐ 否
10. 您每次開車帶孩子出門時，是否讓孩子坐在後座的兒童安全座椅上，面朝後方？ ☐ 否 ☐ 是
11. 如果您家不只一層樓，那麼窗戶是否有安全鎖，樓梯是否有柵門？ ☐ 否 ☐ 是
12. 您知道萬一孩子哽噎該怎麼辦嗎？ ☐ 否 ☐ 是
13. 您家裡的清潔用品、藥品和火柴是否都已收好並上鎖？ ☐ 否 ☐ 是
14. 當您的孩子靠近水邊時（例如浴缸裡或泳池、池塘或水桶邊），您是否一直在旁看護？ ☐ 否 ☐ 是
15. 您的孩子是否居住或長時間待在1978年以前修建，且油漆剝落或碎裂，或是剛裝修好的房子里？ ☐ 是 ☐ 否

### 成長中的孩子

16. 您的孩子玩「躲貓貓 (peekaboo)」或「金蘋果 (patty-cake)」之類的遊戲嗎？ ☐ 還不會 ☐ 稍微 ☐ 是，經常
17. 您的孩子叫您「麻麻 (mama)」或「噠噠 (dada)」或類似稱呼嗎？ ☐ 還不會 ☐ 稍微 ☐ 是，經常
18. 當您說「你的奶瓶在哪裡」或「你的毯子在哪裡」時，您的孩子會左顧右盼嗎？ ☐ 還不會 ☐ 稍微 ☐ 是，經常

### 家庭生活

19. 您的孩子會看電視或影片，或者玩手機或平板電腦上的遊戲嗎？ ☐ 是 ☐ 否
20. 從孩子上一次檢查至今，您的家人或孩子是否經歷任何重大變故（例如生病、搬家、換工作或失業、分居或離婚、家人去世）？ ☐ 是 ☐ 否
    如果回答「是」，請列示：_____


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