

21 to 24 Months

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?
If yes, please describe: _____

☐ Yes ☐ No

NUTRITION

1. Does your child ever use a bottle?
2. Does your child drink more than 1 to 2 cups of milk per day?
3. Do you offer your child fruits or vegetables with most meals and snacks?
4. Does your child eat high-fat foods (such as fast food, chips, ice cream, or pizza)?
5. Does your child drink soda, juice, or other sweetened drinks?

☐ Yes ☐ No

☐ Yes ☐ No

☐ No ☐ Yes

☐ Yes ☐ No

☐ Yes ☐ No

PHYSICAL ACTIVITY

6. Does your child play actively for at least 1 hour every day?

☐ No ☐ Yes

DENTAL HEALTH

7. Does your child see a dentist twice per year?

☐ No ☐ Yes

TUBERCULOSIS

8. Has your child had close contact with anyone who has tuberculosis (TB) or who has had a positive TB skin test?
9. 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

☐ Yes ☐ No

SAFETY

10. Do you give your child foods that may cause choking (such as nuts, hard candies, or hot dogs)?
11. Do you place your child in a rear-facing car seat in the backseat for every car ride?
12. Do you have the Poison Control Center phone number (800-222-1222) posted by your home phone and/or saved in your cell phone?
13. Do you stay with your child at all times around water (such as in the bathtub and around pools, ponds, and buckets)?
14. Does your child spend time in a home where a gun is kept?
a. If yes, are guns stored unloaded, locked, and out of children's reach?
15. Does your child always wear a helmet when riding a bike or scooter?

☐ Yes ☐ No

☐ No ☐ Yes

☐ No ☐ Yes

☐ No ☐ Yes

☐ Yes ☐ No

☐ No ☐ Yes

☐ No ☐ Yes

YOUR GROWING CHILD

16. Does your child use words like "me" or "mine"? ☐ Not yet ☐ Somewhat ☐ Yes, often
17. Does your child put 2 or more words together like "more water" or "go outside"? ☐ Not yet ☐ Somewhat ☐ Yes, often
18. Does your child draw lines? ☐ Not yet ☐ Somewhat ☐ Yes, often
19. Does your child say his or her first name when asked? ☐ Not yet ☐ Somewhat ☐ Yes, often
20. Does your child name at least one color? ☐ Not yet ☐ Somewhat ☐ Yes, often

FAMILY LIFE

21. Does your child watch TV or movies, or play games on a phone or tablet?
22. How do you discipline your child? Check all that apply: ☐ Time out ☐ Yell ☐ Spank or hit ☐ Other
23. Since your child's last checkup, has your family or child experienced any major issues (such as illness, move, job change or loss, separation or divorce, death in the family)?
If yes, please list: _____

☐ Yes ☐ No

☐ Yes ☐ No

21至24個月

健康檢查問卷

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諮詢醫生嗎？.....
如果回答「是」，請說明： _____

營養

1. 您的孩子曾使用奶瓶嗎？.....
2. 您的孩子每天喝1至2杯以上的牛奶嗎？.....
3. 您是否在大部分正餐和點心中都會給孩子水果或蔬菜？.....
4. 您的孩子吃高脂肪食物（例如快餐、薯片、冰淇淋或披薩）嗎？.....
5. 您的孩子喝汽水、果汁或其他含糖飲料嗎？.....

體力活動

6. 您的孩子每天是否至少活躍玩耍1小時？.....

牙齒健康

7. 您的孩子每年看兩次牙醫嗎？.....

結核病

8. 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？.....
9. 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？.....

安全

10. 您會給孩子吃可能導致哽噎的食物（例如堅果、硬糖或熱狗）嗎？.....
11. 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？.....
12. 您是否將「毒性物質控制中心」的電話號碼(800-222-1222)貼在家用電話旁或存在手機裡？.....
13. 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？.....
14. 您的孩子居住的家裡是否放有槍枝？.....
 - a. 如果回答「是」，這些槍枝是否已經卸彈、上鎖，並且放在兒童拿不到的地方？.....
15. 您的孩子騎單車或玩滑板車時，是否一直戴安全帽？.....

成長中的孩子

16. 您的孩子會使用「我(me)」或「我的(mine)」這類詞語嗎？..... ☐ 還不會 ☐ 稍微 ☐ 是，經常
17. 您的孩子會把兩個或更多詞語串連起來嗎？
例如「更多水(more water)」或「去外面(go outside)」..... ☐ 還不會 ☐ 稍微 ☐ 是，經常
18. 您的孩子會畫線條嗎？..... ☐ 還不會 ☐ 稍微 ☐ 是，經常
19. 被問起時，您的孩子會說出自己的名字嗎？..... ☐ 還不會 ☐ 稍微 ☐ 是，經常
20. 您的孩子至少能說出一種顏色嗎？..... ☐ 還不會 ☐ 稍微 ☐ 是，經常

家庭生活

21. 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
22. 您如何管教孩子？勾選所有適用選項：..... ☐ 短暫隔離 ☐ 叫罵 ☐ 責打 ☐ 其他
23. 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： _____

☐ 是 ☐ 否

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