



24 Month Well-Child Visit Pre-Appointment Paperwork

Please complete the following forms prior to your child's upcoming well-child visit. All forms are fillable PDFs that can be completed on your computer/smartphone, or you can print this packet and fill it in by hand.

If you are coming to our office, please bring these forms to the appointment.

If you have scheduled a virtual visit, please email the completed forms to your provider's office. Provider emails are available at middlesexhealth.org/wellchild.

We look forward to seeing you soon!



SWYC:TM 24 months

23 months, 0 days to 28 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
Names at least 5 body parts - like nose, hand, or tummy			
Climbs up a ladder at a playground			
Uses words like "me" or "mine"			
Jumps off the ground with two feet			
Puts 2 or more words together - like "more water" or "go outside" . . .			
Uses words to ask for help			
Names at least one color			
Tries to get you to watch by saying "Look at me"			
Says his or her first name when asked			
Draws lines			

PRESCHOOL PEDIATRIC SYMPTOM CHECKLIST (PPSC)

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...			
Seem nervous or afraid?			
Seem sad or unhappy?			
Get upset if things are not done in a certain way?			
Have a hard time with change?			
Have trouble playing with other children?			
Break things on purpose?			
Fight with other children?			
Have trouble paying attention?			
Have a hard time calming down?			
Have trouble staying with one activity?			
Is your child...			
Aggressive?			
Fidgety or unable to sit still?			
Angry?			
Is it hard to...			
Take your child out in public?			
Comfort your child?			
Know what your child needs?			
Keep your child on a schedule or routine?			
Get your child to obey you?			

PARENT'S OBSERVATIONS OF SOCIAL INTERACTIONS (POSI)

Does your child bring things to you to show them to you?	Many times a day	A few times a day	A few times a week	Less than once a week	Never
Is your child interested in playing with other children?	Always	Usually	Sometimes	Rarely	Never
When you say a word or wave your hand, will your child try to copy you?					
Does your child look at you when you call his or her name?					
Does your child look if you point to something across the room?					

How does your child <u>usually</u> show you something he or she wants?	Says a word for what he or she wants	Points to it with one finger	Reaches for it	Pulls me over or puts my hand on it	Grunts, cries or screams
<i>(please check all that apply)</i>					
What are your child's favorite play activities?	Playing with dolls or stuffed animals	Reading books with you	Climbing, running and being active	Lining up toys or other things	Watching things go round and round like fans or wheels
<i>(please check all that apply)</i>					

For acknowledgments, validation, and other information concerning the POSI, please see www.theswyc.org/posi

PARENT'S CONCERNS

	Not At All	Somewhat	Very Much
Do you have any concerns about your child's learning or development?			
Do you have any concerns about your child's behavior?			

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?								
2 In the last year, have you ever drunk alcohol or used drugs more than you meant to?								
3 Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?								
4 Has a family member's drinking or drug use ever had a bad effect on your child?								
	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.								
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?								
7 Feeling down, depressed, or hopeless?								
8 In general, how would you describe your relationship with your spouse/partner?	No tension	Some tension	A lot of tension	Not applicable				
9 Do you and your partner work out arguments with:	No difficulty	Some difficulty	Great difficulty	Not applicable				
10 During the past week, how many days did you or other family members read to your child?	0	1	2	3	4	5	6	7

5.2.1.0. Healthy Habits Questionnaire (Ages 2-10)

We are interested in the well-being of all of our patients. Please take a moment to answer the following questions:

CHILD'S NAME:

CHILD'S DOB:

TODAY'S DATE:

OVERALL ON A SCALE FROM 1-10 how would you rate your child's health? (1 = Poor, 10 = Excellent)?

1 2 3 4 5 6 7 8 9 10

1. FRUITS AND VEGGIES:

Does your child eat 5 servings of fruits and vegetables per day?

YES NO

2. SUGARY DRINKS/JUICE:

Does your child drink juice, sports drinks, iced tea, lemonade, sweetened beverages most days?

YES NO

3. SCREEN TIME:

Does your child watch more than 2 hours per day of TV, movies, videos, tablets, or phone?

YES NO

4. EXERCISE:

Does your child spend at least 1 hour per day actively playing or exercising (sweating)?

YES NO

5. SNACKS:

How many times per day does your child eat snack food (kid's yogurts, pouches, pretzels, goldfish, gummy snacks, crackers, cookies, chips)?

1 2 3 4 or more

6. Based on your answers, is there ONE thing you would like to help your child change now? Please check one box.

Eat more fruits and vegetables

Watch less screen time

Eat less snack foods

Drink more water

Exercise more

Less juice or soda