

# Quarterly Child (1-6 years) Full Questions

## ENVIRONMENT/ SAFETY

<b>Car seat?</b>	<b>Do you have a child car seat?</b>
<b>How often ride in car seat?</b>	<b>When your child rides in a car, truck, or van, how often does he or she ride in an infant seat?</b>

## HEALTH

<b>Medical Home Identified?</b>	<b>Do you have a doctor that you can get in contact with 24 hours a day, 7 days a week, who will take care of your baby for both sick and “well-baby” care?</b> (Include after-hours paging service or other ways to reach your doctor after hours)
<b>Child disease?</b>	<b>Has a doctor or health professional ever told you that your child had any of these conditions?</b>
<b>13 Months:</b> <b>3 DTap, 3 Hep B, 3 IPV, 3 Hib, 1 MMR, 1 Var</b>	<b>From Medical Record:</b> By 13 months of age, has child received: 3 Diphtheria/ Tetanus/ Pertussis 3 Hepatitis B 3 Inactive Polio Vaccine 3 Haemophilus influenzae Type B 1 Measles, Mumps, Rubella 1 Varicella
<b>24 Months:</b> <b>4 DTap, 3 Hep B, 3 IPV, 3 Hib, 1 MMR, 1 Var</b>	<b>From Medical Record:</b> By 24 months of age, has child received: 4 Diphtheria/ Tetanus/ Pertussis 3 Hepatitis B 3 Inactive Polio Vaccine 3 Haemophilus influenzae Type B 1 Measles, Mumps, Rubella 1 Varicella
<b>Vision Screen – Year</b> <b>Hearing Screen – Year</b>	<b>From Medical Record:</b> Annual Vision Screen <b>From Medical Record:</b> Annual Hearing Screen
<b>Dental Visit - Year</b>	<b>Has child been seen by a dentist in the last 12 months?</b>

## SUBSTANCE USE

<b>About how many hours a day, on average, is your child in the same room or vehicle with someone who is smoking?</b>
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## DEVELOPMENT

<b>Do you have any concerns about your child’s learning, development, or behavior?</b>
<b>Have you been told by a medical provider that your child has a developmental delay?</b>

## AGES AND STAGES

<b>Perform Ages and Stages Questionnaire for appropriate ages.</b>
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