Name_____ Today's Date_____
Date of Birth _____

**TB Screening Questionnaire** (administer at 2 months, 6 months, 12 months, 18 months, 24 months, then yearly)

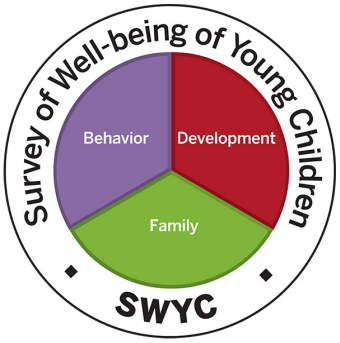
| | YES | NO | UNSURE |
|---|---|---|---|
| Has your child been in close contact with a person with infectious Tuberculosis? | | | |
| Does your child have HIV infection or is considered at risk for HIV infection? | | | |
| Is your child foreign born (especially if born in Asia, Africa, or Latin America), a refugee, or an immigrant? | | | |
| Is your child in contact with the following individuals: HIV infected, homeless, nursing home residents, institutionalized or incarcerated adolescents or adults, illicit drug users, or migrant farm workers? | | | |
| Does your child have a depressed immune system, either because of disease or treatment for disease? | | | |
| Does your child live in an established "high risk for tuberculosis" community or area? | | | |

**Cholesterol Risk Assessment Questionnaire** (administer yearly from 2 to 18 years)

| | YES | NO | UNSURE |
|---|---|---|---|
| Does your child have risk factors for future heart disease such as physically inactivity, diabetes, or obesity? | | | |
| Is there a family history (parents and grandparents) of coronary or peripheral vascular disease (like heart attack or stroke) below age 55? | | | |
| Is there a family history (parents and grandparents) of elevated cholesterol? | | | |

**Hunger Vital Sign Questionnaire**: (NB then yearly)
For each statement, please tell me whether the statement was Often True, Sometimes True, or Never True for your household in the past 12 months.

| | **Often True** | **Sometimes True** | **Never True** |
|---|---|---|---|
| Within the past 12 months, we worried whether our food would run out before we got money to buy more. | | | |
| Within the past 12 months, the food we bought just didn't last and we didn't have money to get more. | | | |




# SWYC:
# 24 Months

23 months 0 days to 28 months 31 days

Child's Name: _____

Birth Date: _____

Today's Date: _____

These questions are about your child's development. Please tell us how much your child is doing each of these things. If your child doesn't do something anymore, choose the answer that describes how much he or she used to do it. 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 | | | |

Name: _____ Date of Birth: _____ Today's Date: _____

# M-CHAT-R™

Please answer these questions about your child. Keep in mind how your child usually behaves. If you have seen your child do the behavior a few times, but he or she does not usually do it, then please answer **no**. Please circle **yes** or **no** for every question. Thank you very much.

| | | |
|---|---|---|
| 1. If you point at something across the room, does your child look at it? (**FOR EXAMPLE**, if you point at a toy or an animal, does your child look at the toy or animal?) | ☐ yes | ☐ no |
| 2. Have you ever wondered if your child might be deaf? | ☐ yes | ☐ no |
| 3. Does your child play pretend or make-believe? (**FOR EXAMPLE**, pretend to drink from an empty cup, pretend to talk on a phone, or pretend to feed a doll or stuffed animal?) | ☐ yes | ☐ no |
| 4. Does your child like climbing on things? (**FOR EXAMPLE**, furniture, playground equipment, or stairs) | ☐ yes | ☐ no |
| 5. Does your child make unusual finger movements near his or her eyes? (**FOR EXAMPLE**, does your child wiggle his or her fingers close to his or her eyes?) | ☐ yes | ☐ no |
| 6. Does your child point with one finger to ask for something or to get help? (**FOR EXAMPLE**, pointing to a snack or toy that is out of reach) | ☐ yes | ☐ no |
| 7. Does your child point with one finger to show you something interesting? (**FOR EXAMPLE**, pointing to an airplane in the sky or a big truck in the road) | ☐ yes | ☐ no |
| 8. Is your child interested in other children? (**FOR EXAMPLE**, does your child watch other children, smile at them, or go to them?) | ☐ yes | ☐ no |
| 9. Does your child show you things by bringing them to you or holding them up for you to see – not to get help, but just to share? (**FOR EXAMPLE**, showing you a flower, a stuffed animal, or a toy truck) | ☐ yes | ☐ no |
| 10. Does your child respond when you call his or her name? (**FOR EXAMPLE**, does he or she look up, talk or babble, or stop what he or she is doing when you call his or her name?) | ☐ yes | ☐ no |
| 11. When you smile at your child, does he or she smile back at you? | ☐ yes | ☐ no |
| 12. Does your child get upset by everyday noises? (**FOR EXAMPLE**, does your child scream or cry to noise such as a vacuum cleaner or loud music?) | ☐ yes | ☐ no |
| 13. Does your child walk? | ☐ yes | ☐ no |
| 14. Does your child look you in the eye when you are talking to him or her, playing with him or her, or dressing him or her? | ☐ yes | ☐ no |
| 15. Does your child try to copy what you do? (**FOR EXAMPLE**, wave bye-bye, clap, or make a funny noise when you do) | ☐ yes | ☐ no |
| 16. If you turn your head to look at something, does your child look around to see what you are looking at? | ☐ yes | ☐ no |
| 17. Does your child try to get you to watch him or her? (**FOR EXAMPLE**, does your child look at you for praise, or say “look” or “watch me”?) | ☐ yes | ☐ no |
| 18. Does your child understand when you tell him or her to do something? (**FOR EXAMPLE**, if you don’t point, can your child understand “put the book on the chair” or “bring me the blanket”?) | ☐ yes | ☐ no |
| 19. If something new happens, does your child look at your face to see how you feel about it? (**FOR EXAMPLE**, if he or she hears a strange or funny noise, or sees a new toy, will he or she look at your face?) | ☐ yes | ☐ no |
| 20. Does your child like movement activities? (**FOR EXAMPLE**, being swung or bounced on your knee) | ☐ yes | ☐ no |