18 Month Checklist

Date of Visit: _____

Nurse Code: _____ Age of Child: _____
Client Initials: _____ Client number: _____
Child weight: _____ Child length: _____

INFANT FEEDING

1. Are you still breastfeeding
   - ☐ Yes
   - ☐ Stopped at _____months
   - ☐ Never breastfed

2. Are you still Formula Feeding
   - ☐ Yes
   - ☐ Stopped at _____months
   - ☐ Never formula fed

3. What age was your child when you commenced cow's milk as the main source of milk intake?

   _____days _____weeks _____ months
   - ☐ Not on cows milk

4. Is your child having fluids from a bottle?
   - ☐ Yes ☐ No

5. What age did your child take fluids from a cup?
   - ☐ Yes _____months
   - ☐ Does not use a cup

6. What other fluid is your baby having?
   - ☐ Water ☐ Cordial ☐ Sports drink
   - ☐ Juice ☐ Soft Drink ☐ Other

7. Is your child having the normal family diet – i.e.: you are not preparing separate food
   - ☐ Yes ☐ No

8. What type of snacks does your child eat between meals?

   _____
   _____

9. Do you find you offer food when you are unsure what your baby wants i.e. tired or upset?
   - ☐ Yes ☐ No

10. Is food used as a reward for a desired behaviour?
    - ☐ Yes ☐ No

11. Do you eat your meals together as a family at least once a day?
    - ☐ Yes ☐ No

12. Do you have the television on when you are having your meals together?
    - ☐ Yes ☐ No

YOUR BABY & PHYSICAL ACTIVITY

Do you plan play periods during the day to help your child develop their movement skills?

☐ Yes ☐ No

13. Do you involve your child in everyday activities like picking up the toys, passing the pegs, wiping the table?

☐ Yes ☐ No

14. What things is your baby doing now?

- ☐ Sitting
- ☐ Crawling well
- ☐ Climbing
- ☐ Pulling to stand
- ☐ Standing holding on
- ☐ Standing
- ☐ Cruising – walking around furniture holding on
- ☐ Supported walking
- ☐ Unsupported walking
- ☐ Walks well starts & stops safely
- ☐ Runs forward
- ☐ Runs safely, starts & stops well & can avoid obstacles
- ☐ Can carry large soft toy when walking
- ☐ Rolls ball forward
- ☐ Kicks ball forwards
- ☐ Walks backwards
- ☐ Throws ball underhand
- ☐ Throws ball overhand
- ☐ Climbs up stairs with helping hand
- ☐ Walks up & down stairs holding on to a rail or wall two feet to a step
- ☐ Walks up & down steps unassisted

15. How many days and how much time during the week does your child spend

	Number of days/week	Number of hrs/day or	Number of mins/day
Playing PC games			
Handheld games			
Watching DVD's			
Watching free to air TV			
Watching paid TV			

16. Does your television remain on regardless if anyone is watching?

☐ Yes ☐ No

YOUR PHYSICAL ACTIVITY & NUTRITION

Discuss physical recovery since last visit

17. How many times per week are you doing any regular exercise or activity of moderate intensity lasting for at least 30 minutes (this can be in 3 x 10 minute sessions)?
    (Moderate – will cause slight, but noticeable increase in breathing and heart rate and may cause light sweating – i.e.: brisk walk, swimming, exercise class, dancing)
    - ☐ Never
    - ☐ Seldom
    - ☐ 1 – 2 times per week
    - ☐ 3 – 4 times per week
    - ☐ 5 or more times per week

Assess what stage the mother is at with the Readiness *to Change* flowchart

18. Using the chart what *Readiness to Change Stage* are they currently in
    - ☐ One
    - ☐ Two
    - ☐ Three
    - ☐ Four
    - ☐ Five

19. Do you intend to become more physically active in the next 6 months?
    - ☐ Yes
    - ☐ No

Go thorough discussion points on behaviour change, benefits, barriers and enablers, confidence and goal setting. Discuss any physical activity goals that were put into place since the last visit. Reassess the *Readiness to Change* flowchart.

20. What barriers / enablers are in place?
    _____
    _____
21. What goals have been put in place?
    _____
    _____

SOCIAL SUPPORT

22. What involvement with the baby does your partner have?
    _____
    _____

23. Do you have support and help from family and friends?
    - ☐ Yes
    - ☐ No

24. Are you aware of any community support like playgroups, baby gyms etc
    - ☐ Yes
    - ☐ No

25. Are you involved in any groups?
    - ☐ Yes
    - ☐ No

26. Are you in contact with the Child and Family Nurses who work out of the local baby clinics?
    - ☐ Yes
    - ☐ No

27. Have you visited your local doctor since my last visit?

☐ Yes ☐ No ☐ Medical centre

☐ ☐ ☐

Discuss importance of supportive environments and keeping in contact with local baby clinics

COMMENTS

_____

_____

_____

Other topics discussed:

_____

_____

_____

Signature: _____