24 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 _____months
   - ☐ Never breastfed

2. What is your child's main milk intake
   - ☐ Breast
   - ☐ Formula
   - ☐ Cows milk
   - ☐ Other

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
   - ☐ Juice
   - ☐ Cordial
   - ☐ Soft Drink
   - ☐ Sports drink
   - ☐ Other

7. How many serves (¼ cup) vegetables does your child have each day _____

8. How many serves fruit (1/2 cup) does your child have each day _____

9. What influences your choice of food for your child?(convenience, cost, availability, nutrient content, likes, advertising, preparation, knowledge)

   _____
   _____

10. Have you been able to find ways of getting five vegetables into your child's day (child serves)_____
    _____

11. Does your child have any type of food related allergy that you are aware of
    - ☐ Yes
    - ☐ No

    If yes please answer 11a – 11c

    11a) has a doctor or other medical professional told you your child has a food allergy?
    - ☐ Yes
    - ☐ No

11b) has this allergy meant you have had to spend extra time reading food labels, shopping or preparing meals for your child

☐ Yes ☐ No

11c) Are you concerned about your child nutritional intake because of this allergy?

☐ Yes ☐ No

12. Is food used as a reward for a desired behaviour?

☐ Yes ☐ No

13. Do you feel your cooking skills as parents have been enough to cook home style, cost effective healthy meals for your family?

☐ Yes ☐ No

14. Can you and your partner cook a healthy meal easily without a recipe?

Parent One

☐ Yes ☐ No

Parent Two

☐ Yes ☐ No

15. Do you eat your meals together as a family at least once a day?

☐ Yes ☐ No

16. Do you have the television on when you are having your meals together?

☐ Yes ☐ No

17. Is your child having the normal family diet – i.e.: you are not preparing separate food

☐ Yes ☐ No

18. No What type of snacks does your child eat between meals?

_____

_____

19. Do you find you offer food when you are unsure what your baby wants i.e. tired or upset?

☐ Yes ☐ No

20. Is food used as a reward for a desired behaviour?

☐ Yes ☐ No

21. Do you eat your meals together as a family at least once a day?

☐ Yes ☐ No

22. Do you have the television on when you are having your meals together?

☐ Yes ☐ No

YOUR BABY & PHYSICAL ACTIVITY

23. Do you provide opportunities for your child to participate in active play both indoor's and outdoors?

- ☐ Yes If yes how i.e.: set up play area, play together _____
- ☐ No

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

- ☐ Yes
- ☐ No

25. What things is your baby doing now? Walks well

- ☐ Runs but not around obstacles
- ☐ Runs safely, stops, starts and avoids obstacles
- ☐ Pushes and pulls large toys, boxes around on floor
- ☐ Pulls toy by cord
- ☐ Pushes and pulls toys skilfully but difficult to steer
- ☐ Pushes and pulls toys skilfully and steers around obstacles
- ☐ Climbs forward into adult chair then turns around to sit
- ☐ Climbs on furniture to look out of window or open door (can get down again)
- ☐ Walks upstairs with a helping hand
- ☐ Creeps backwards down stairs
- ☐ Walks upstairs and downstairs holding onto a rail or wall
- ☐ Jump up
- ☐ Jumps well 2 feet together
- ☐ Builds tower of three cubes
- ☐ Builds tower of 6 cubes
- ☐ Builds tower of 7 cubes
- ☐ Builds tower of 9 cubes
- ☐ Uses 6 – 20 recognisable words
- ☐ Puts 2 or more words together to form simple sentence
- ☐ Enjoys nursery rhymes and tries to join in
- ☐ Joins in nursery rhymes and songs
- ☐ Says a few nursery rhymes
- ☐ Holds spoon and gets food to mouth
- ☐ Spoon feeds without spilling
- ☐ Eats skilfully with spoon may use a fork
- ☐ Other _____

26. 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			

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

☐ Yes ☐ No

28. Does your child go to any formal or informal childcare each week?

☐ 1 -2 days ☐ 5 – 7 days

☐ 3 -4 days ☐ No

29. How old was your child when they first commenced this

_____days _____weeks _____ months

YOUR PHYSICAL ACTIVITY & NUTRITION

30. Are you currently pregnant?

☐ Yes ☐ No

Discuss physical recovery since last visit

31. 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 ☐ 3 – 4 times per week

☐ Seldom ☐ 5 or more times per week

☐ 1 – 2 times per week

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

32. Using the chart what *Readiness to Change Stage* are they currently in

☐ One ☐ Two

☐ Three ☐ Four

☐ Five

33. 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.

34. What barriers / enablers are in place?

_____

_____

35. What goals have been put in place?

_____

_____

SOCIAL SUPPORT

36. What involvement with the baby does your partner have?

_____

_____

37. Do you have support and help from family and friends?

☐ Yes ☐ No

☐

38. Are you aware of any community support like playgroups, baby gyms etc

☐ Yes ☐ No

39. Are you involved in any groups?

☐ Yes ☐ No

40. Are you in contact with Child and Family Nurses who work out of local baby clinics?

☐ Yes ☐ No

41. 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: _____