

Before your child's 12 months health check

Print a translated copy of the Parent Evaluation of Developmental Status (PEDS) form from the website (to be inserted) and fill it in before your visit, or ask your child health nurse to help you.

Still Smoking?

Smoking increases your baby's risk of Sudden Infant Death Syndrome (SIDS).

Call Quitline **13 QUIT (13 7848)** or go to

http://www.health.nsw.gov.au/cancer_inst/programs/quitline.html

Hearing

	Yes	No	Unsure
Are you worried about your child's hearing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child imitate speech sounds of others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child understand simple words, eg "ball", "dog", "daddy"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child turn their head to soft sounds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your child may start to say his/her first words.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Vision

Are you concerned about your baby's vision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your baby have a turned or lazy eye (squint or strabismus)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have difficulty seeing small objects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child recognize familiar objects and people from a distance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does anyone in the family have vision problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Movement/activities

Does your child sit alone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child crawl?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your baby reach for an object?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Oral Health

Does your child have any teeth at the moment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has your child had any problems with their teeth or teething?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has your child ever used a bottle to go to bed with?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child ever walk around with a bottle or feeder cup in between meals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has your child started brushing their teeth, or having their teeth brushed for them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Topics for discussion at 12 months

- What to expect of your baby
- Child safety
- Sun protection
- Sleep problems/behaviour
- Temperament
- Immunisation
- Teeth
- Feeding and diet
- Sibling rivalry
- Play activities
- Mothers emotional health
- Relationships with baby and partner
- Mobility