

Before your child's 18 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.

Answer these questions about your child before you visit your nurse or doctor.

Hearing	Yes	No	Unsure
Are you worried about your child's hearing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child respond to other people's speech, especially in noisy situations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child continually say "what"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child watch the speaker's face closely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child frown or strain forward when spoken to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have trouble localising where a sound comes from?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your child easily frustrated and becomes agitated and disruptive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your child's voice volume noticeably louder than peers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have a lot of colds and/or green runny nose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have frequent ear infections?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your child saying single words other than "mama" or "dada"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can your child understand simple instructions, like "Put the ball on the table", "give the ball to me"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can your child point to one body part, toys or people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child listen to simple stories or songs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Vision			
Are you concerned about your child's vision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child 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 people and objects 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"/>

If the answer to any of these questions is yes, tell your doctor or child and family health nurse

Outcome Normal Refer Review

Topics for discussion at 18 months

- Child safety, supervision and changing mobility
- Family diet,
- Sleeping/night waking
- Temper tantrums
- Sibling issues
- Smoking
- Parenting practices eg discipline, setting limits
- Toilet training
- Care of teeth
- Sun protection
- Child care /play groups
- Self comforting behaviours eg thumb sucking, favourite toy, dummies
- Immunisation
- Speech and language
- Family supports and any other issues