

From page 71 (Personal Health Record (2003))
Before your child's 2½ to 3½ years health check

The following article is produced by NSW Department of Health.

	Yes	No	Unsure
<i>Answer these questions before you visit your nurse or doctor.</i>			
Are you concerned about your child's health?			
Are you concerned about your child's behaviour?			
Are you concerned about your child's development?			
Is your child attending the family dentist or pre-school dental clinic?			
Is your child's immunization up to date?			
Do you wish to talk to your nurse or doctor about how you are feeling?			

	Yes	No	Unsure
Hearing and language			
Are you concerned about your child's hearing?			
In the past year has your child had more than four ear infections?			
In the past year has your child had a discharging ear?			

During a cold, does your child have trouble hearing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child often ask you to repeat things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have difficulty following instructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child speak clearly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child use groups of words when speaking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child follow directions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child take an active part in conversations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have a constant cold and/or green runny nose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can your child tell where a sound comes from?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Vision

Yes	No	Unsure
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Are you concerned about your child's vision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have a squint? (turned eye)?	<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"/>

Movement/activity

Yes	No	Unsure
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Does your child dress and undress, apart from buttons and laces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Can your child wash and dry his/her hands?			
Can your child pick up small objects neatly?			
Can your child walk up or down stairs holding on to your hand?			
Does your child scribble and draw with crayons or pencils?			
Can your child make a tower of blocks?			
Can your child ride a tricycle?			
Can your child jump on the spot?			
Can your child walk down steps easily?			
Is your child toilet trained?			