

# 6 Month Timeframe - Child

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Take this assessment 6 months after enrollment.

Date: \_\_\_\_\_ Staff: \_\_\_\_\_

Case Number (child): \_\_\_\_\_ Case Number (adult): \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

## Well-Child Visit

1. Does your child have a primary care provider (a place that your child USUALLY goes when he or she needs routine preventive care, such as a physical examination or well-child check-up?)

- Yes  No

2. Have you taken your child for any well-child check-ups in the last 3 months?

**[NOTE: This question includes only regular well-child visits, not sick visits.]**

- Yes  No

If yes, please mark all the well-child visits your child had in the last 3 months?

3-7 days after birth  15-16 months old

2-4 weeks old  18-19 months old

2-3 months old  2-2 ½ years old

4-5 months old  3-3 ½ years old

6-7 months old  4-4 ½ years old

9-10 months old  5-5 ½ years old

12-13 months old

## Child Injury

3. In the last 3 months, have you taken your child to the hospital emergency room because of an injury?

**[NOTE: This includes a visit for a fall, a cut, a burn, or some other way the child is hurt. This does not include an illness like a cold, ear infection, upset stomach, or fever.]**

- Yes  No

If yes, how many times? \_\_\_\_\_

## Early Language and Literacy Activities

4. During a typical week, how many days did you and/or family members read or tell stories to or sing songs with your child?

- No days  1-2 days  Everyday  
 3-4 days  5-6 days

## Safe Sleep

**\*\*Please answer the following questions if the child is less than 12 months old:**

5. Do you always place child to sleep on their back?

- Yes  No

6. Do you always place child to sleep without bed sharing or soft bedding?

- Yes  No