

CORNERSTONE ASSESSMENT - CHILD

Pediatric Primary Care Assessment - 708

ANTICIPATORY GUIDANCE

<u>TOPIC</u>	<u>QUESTIONS</u>		
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Oral Health Assessment	93-98	24 Months - 708 I	18 Years - 708 R

PEDIATRIC PRIMARY CARE - 708

QUESTION	POSSIBLE ANSWERS	NORM	GOAL	SERVICE
FAMILY HISTORY				
1. Do parents or siblings have a significant hearing problem?	<ul style="list-style-type: none"> • Yes • No 	No	003	708 806 807 819
2. Do parents or siblings have a mental illness?	<ul style="list-style-type: none"> • Yes • No 	No	003	703 806 807 819
3. Do parents have any developmental problems?	<ul style="list-style-type: none"> • Yes • No 	No	003	708 806 807 819
4. Do parents or siblings have any congenital anomalies or inherited conditions (e.g. sickle cell, cystic fibrosis, etc.)?	<ul style="list-style-type: none"> • Yes • No 	No	003	708 806 807 819
5. Did parent or grandparent before the age of 55 have atherosclerosis, heart attack or angina?	<ul style="list-style-type: none"> • Yes • No 	No	003	708 806 807 819
6. Do one or more parents have high blood cholesterol (defined as a level of 240 mg/dL or above)?	<ul style="list-style-type: none"> • Yes • No 	No	003	708 806 807 819
7. Does any family or household member have tuberculosis?	<ul style="list-style-type: none"> • Yes • No 	No	003	708 806 807 819
8. Do parents or siblings have untreated dental diseases (cavities, missing teeth, periodontal disease)?	<ul style="list-style-type: none"> • Yes • No 	No	003	708 806 807 819
9. Does the mother have a history of alcohol or substance use?	<ul style="list-style-type: none"> • Yes • No 	No	003	708 806 807 819
10. Other family and child health history (specify):	<ul style="list-style-type: none"> • Yes • No 	No	003	708 806 807 819
VISION AND HEARING ASSESSMENT				
11. Does parent or caregiver have concerns about the child's vision?	<ul style="list-style-type: none"> • Yes • No 	No	003	708 806 807 819
12. Does child exhibit any symptom suggesting eye/vision problem, squinting, head tipping, eye rubbing, etc?	<ul style="list-style-type: none"> • Yes • No 	No	003	708 806 807 819
13. Does parent or caregiver have concerns about the child's hearing?	<ul style="list-style-type: none"> • Yes • No 	No	003	708 806 807 819
14. Does parent or caregiver have concerns regarding hearing, speech, language, and/or developmental delay?	<ul style="list-style-type: none"> • Yes • No 	No	003	708 806 807 819
15. Is there a family history or hereditary childhood sensory-neural hearing loss?	<ul style="list-style-type: none"> • Yes • No 	No	003	708 806 807 819

PEDIATRIC PRIMARY CARE - 708

QUESTION	POSSIBLE ANSWERS	NORM	GOAL	SERVICE
VISION AND HEARING ASSESSMENT (Continued)				
16. Was there any in utero infection such as cytomegalovirus, rubella, syphilis and toxoplasmosis?	<ul style="list-style-type: none"> • Yes • No 	No	003	708 806 807 819
17. Does the child have any craniofacial anomalies including morphological abnormalities of the pinna and ear canal?	<ul style="list-style-type: none"> • Yes • No 	No	003	708 806 807 819
18. Was the child's birth weight less than 1500 grams (3.3lbs)?	<ul style="list-style-type: none"> • Yes • No 	No	003	708 806 807 819
19. Did the child have hyperbilirubinemia at serum level requiring exchange transfusion?	<ul style="list-style-type: none"> • Yes • No 	No	003	708 806 807 819
20. Did child receive ototoxic medications including the aminoglycocides used in loop diuretics?	<ul style="list-style-type: none"> • Yes • No 	No	003	708 806 807 819
21. Did the child have bacterial meningitis or any other infections associated with sensory-neural hearing loss?	<ul style="list-style-type: none"> • Yes • No 	No	003	708 806 807 819
22. Was there severe depression at birth with Apgar scores of 0-4 at one minute or 0-6 at five minutes?	<ul style="list-style-type: none"> • Yes • No 	No	003	708 806 807 819
23. Did the child require prolonged mechanical ventilation five days or longer (e.g. persistent pulmonary hypertension)?	<ul style="list-style-type: none"> • Yes • No 	No	003	708 806 807 819
24. Does the child have stigmata or other findings known to include a sensory-neural and/or a conductive hearing loss?	<ul style="list-style-type: none"> • Yes • No 	No	003	708 806 807 819
25. Has the child had head trauma associated with loss of consciousness or skull fracture?	<ul style="list-style-type: none"> • Yes • No 	No	003	708 806 807 819
26. Has the child had recurrent or persistent otitis media with effusion for at least 3 months?	<ul style="list-style-type: none"> • Yes • No 	No	003	708 806 807 819

PEDIATRIC PRIMARY CARE - 708

QUESTION	POSSIBLE ANSWERS	NORM	GOAL	SERVICE
DEVELOPMENTAL ASSESSMENT				
27. Were newborn screening test results normal?	Normal Abnormal	Normal	003	708 806 807 819
28. Were the Denver II test results normal?	Normal Abnormal	Normal	020	806 814
29. Was the result of the rescreening with the Denver II normal?	Normal Abnormal	Normal	020	806 814
30. Was the result of other developmental screenings normal?	McCarthy Screening test Early Screening Inventory Developmental Profile II Minneapolis Preschool Screening Instrument Vineland Social Maturity Scale Battelle Developmental Inventory Bayless Scales for Infant Development Pius-Harris Childrens' Self-Concept Scale Otis-Lenon School Ability Test Early Screening Profiles	≥ 1	020	806 814

PEDIATRIC PRIMARY CARE - 708

QUESTION	POSSIBLE ANSWERS	NORM	GOAL	SERVICE
PHYSICAL EXAM				
31. Height Percentile	0 to 100	Normal: Between 5th and 95th percentile	005	806 807 819
32. Weight for Height Percentile	0 to 100	Normal: Between 5th and 95th percentile	005	806 807 819
33. Head circumference (birth - 2 years) Percentile	0 to 100	Normal: Between 5th and 95th percentile	003	708 806 807 819
34. Blood pressure (starting age 3 years)		Normal	003	708 806 807 819
35. Temperature (Centigrade or Fahrenheit)	35° - 41°C 94° - 105°F	Normal	003	708 806 807 819
36. General	Description	Normal	003	708 806 807 819
37. Head	Normal Abnormal	Normal	003	708 806 807 819
38. Skin	Normal Abnormal	Normal	003	708 806 807 819
39. Ears	Normal Abnormal	Normal	003	708 806 807 819
40. Eyes	Normal Abnormal	Normal	003	708 806 807 819
41. Nose	Normal Abnormal	Normal	003	708 806 807 819
42. Throat	Normal Abnormal	Normal	003	708 806 807 819
43. Mouth	Normal Abnormal	Normal	003	708 806 807 819
44. Neck	Normal Abnormal	Normal	003	708 806 807 819

PEDIATRIC PRIMARY CARE - 708

QUESTION	POSSIBLE ANSWERS	NORM	GOAL	SERVICE
45. Teeth and Gums	Normal Abnormal	Normal	003	708 806 807 819
46. Heart	Normal Abnormal	Normal	003	708 806 807 819
47. Lung	Normal Abnormal	Normal	003	708 806 807 819
48. Abdomen	Normal Abnormal	Normal	003	708 806 807 819
49. Genitals	Normal Abnormal	Normal	003	708 806 807 819
50. Neurological	Normal Abnormal	Normal	003	708 806 807 819
51. Extremities	Normal Abnormal	Normal	003	708 806 807 819
52. Spine	Normal Abnormal	Normal	003	708 806 807 819

PEDIATRIC PRIMARY CARE - 708

QUESTION	POSSIBLE ANSWERS	NORM	GOAL	SERVICE
MENTAL HEALTH/SUBSTANCE ABUSE ASSESSMENT				
53. Is child/adolescent possibly suicidal?	<ul style="list-style-type: none"> • Yes • No 	No	006	703 816 910 705 904
54. Does the child engage in self-destructive behaviors?	<ul style="list-style-type: none"> • Yes • No 	No	006	703 816 910 705 904
55. Is there any evidence of child abuse or neglect?	<ul style="list-style-type: none"> • Yes • No 	No	003	708 806 807 819
56. Is there any evidence of delusions or hallucinations?	<ul style="list-style-type: none"> • Yes • No 	No	003	708 806 807 819
57. Is there any other evidence or a mental disorder?	<ul style="list-style-type: none"> • Yes • No 	No	003	708 806 807 819
58. Is there any evidence of substance abuse?	<ul style="list-style-type: none"> • Yes • No 	No	003	708 806 807 819

PEDIATRIC PRIMARY CARE - 708

QUESTION	POSSIBLE ANSWERS	NORM	GOAL	SERVICE
LABORATORY TESTS				
59. Hemoglobin	8 - 24 gms./100 ml.	<p>Normal: <u>Age Hemoglobin</u></p> <p>Both Sexes < 2 yrs. < 11.0 grams 2 - 4.9 yrs. < 11.2 grams 5 - 7.9 yrs. < 11.4 grams 8 - 11.9 yrs. < 11.6 grams</p> <p>12 - 14.8 yrs. Females < 11.8 grams Males < 12.3 grams</p> <p>15 - 17.9 yrs. Females < 12.0 grams Males < 12.6 grams</p>	003	708 806 807 819
60. Hematocrit	Percent packed cells 20 - 50%	<p>Normal: <u>Age Hematocrit</u></p> <p>Both Sexes < 2 yrs. < 33% 2 - 4.9 yrs. < 34% 5 - 7.9 yrs. < 34.5% 8 - 11.9 yrs. < 35% 12 - 14.8 yrs. Females < 36% Males < 38% Over 18 yrs. Females < 36% Males < 41%</p> <p>Pregnancy: 1st trimester < 33% 2nd trimester < 32% 3rd trimester < 33%</p>	003	708 806 807 819
61. Urinalysis (dipstick)	Normal Abnormal	Normal	003	708 806 807 819
62. Throat culture	Normal Abnormal	Normal: no growth	003	708 806 807 819

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QUESTION	POSSIBLE ANSWERS	NORM	GOAL	SERVICE
63. Gonorrhea culture, specify site	Normal Abnormal	Normal: no growth	003	708 806 807 819
64. Syphilis (Serologic Test For)	Positive Negative	Negative	003	708 806 807 819
65. Chlamydia	Positive Negative	Negative	003	708 806 807 819
66. Cholesterol (mg/dL)	0 - 300 mg/dL	Cholesterol, Acceptable: < 110 mg/dL LDL Borderline: 110 - 129 mg/dL Cholesterol, Acceptable < 170 mg/dL Total Serum Borderline: 170-199 mg/dL	003	708 806 807 819
67. Pregnancy Test	Positive Negative	Positive or Negative	003	708 806 807 819
68. Pap smear (Class)	Class I Class II Class III Class IV Class V	Normal: Class I	003	708 806 807 819
69. Other lab, specify			003	708 806 807 819

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QUESTION	POSSIBLE ANSWERS	NORM	GOAL	SERVICE
LEAD ASSESSMENT				
70. Does your child live in or regularly visit a house with peeling or chipped paint built before 1978?	<ul style="list-style-type: none"> • Yes • No 	No	003	708 806 807 819
71. Does your child live in or regularly visit a house build before 1978 with planned /ongoing renovation/remodeling?	<ul style="list-style-type: none"> • Yes • No 	No	003	708 806 807 819
72. Does your child have a brother or sister, a housemate, or a playmate with confirmed lead poisoning?	<ul style="list-style-type: none"> • Yes • No 	No	015	706 809 811 808 810 819
73. Does your child live with an adult whose job or hobby involves exposure to lead?	<ul style="list-style-type: none"> • Yes • No 	No	015	706 809 811 808 810 819
74. Does your child live near an active lead smelter, battery recycling plant or other industry likely to release lead?	<ul style="list-style-type: none"> • Yes • No 	No	015	706 809 811 808 810 819
75. Blood lead level: (mcg/dL)	0 to \geq 800 mcg/dL	\leq 10 mcg/dL	015	706 809 811 808 810 819
76. Prevention and nutrition counseling provided	<ul style="list-style-type: none"> • Yes • No 	Yes	015	706 809 811 808 810 819
77. Referred for environmental assessment	<ul style="list-style-type: none"> • Yes • No 	Yes	015	706 809 811 808 810 819
78. Referred for medical treatment	<ul style="list-style-type: none"> • Yes • No 	Yes	015	706 809 811 808 810 819
79. Child put on chelation therapy	<ul style="list-style-type: none"> • Yes • No 	Yes	015	706 809 811 808 810 819
80. If yes, kind of chelating agent.	Succimer EDTA BAL Other, specify:		015	706 809 811 808 810 819

PEDIATRIC PRIMARY CARE - 708

QUESTION	POSSIBLE ANSWERS	NORM	GOAL	SERVICE
NUTRITION ASSESSMENT				
81. Does the child participate in WIC?	<ul style="list-style-type: none"> • Yes • No 	Yes	005	806 807 819
82. If not WIC active, for infant less than 12 months, is infant breastfed or fed formula on regular intervals every day?	<ul style="list-style-type: none"> • Yes • No 	Yes	005	806 807 819
83. If not WIC active, does the child (12 months or older) have food at regular intervals every day?	<ul style="list-style-type: none"> • Yes • No 	Yes	005	806 807 819
84. If not WIC active, does the child (12 months or older) drink milk every day?	<ul style="list-style-type: none"> • Yes • No 	Yes	005	806 807 819
85. If not WIC active, does the child (12 months or older) eat meat, fish, chicken, egg or peanut butter every day?	<ul style="list-style-type: none"> • Yes • No 	Yes	005	806 807 819
86. If not WIC active, does the child eat fruits every day?	<ul style="list-style-type: none"> • Yes • No 	Yes	005	806 807 819
87. If not WIC active, does the child eat bread, cereal, crackers, rice (or other grain products) every day?	<ul style="list-style-type: none"> • Yes • No 	Yes	005	806 807 819
88. If not WIC active, does the child (12 months or older) eat vegetables every day?	<ul style="list-style-type: none"> • Yes • No 	Yes	005	806 807 819
89. If not WIC active, does the child over 15 months continue to take a bottle?	<ul style="list-style-type: none"> • Yes • No 	No	003	708 806 807 819
90. If not WIC active, does the child eat non-food items such as clay, paint chips, dirt, etc?	<ul style="list-style-type: none"> • Yes • No 	No	015	706 809 811 808 810 819
91. Is water consumed from a private well?	<ul style="list-style-type: none"> • Yes • No 	No	005	806 807 819
92. Has well water tested positive for nitrates, fluoride and/or contaminants?	<ul style="list-style-type: none"> • Yes • No 	Yes	005	806 807 819

PEDIATRIC PRIMARY CARE - 708

QUESTION	POSSIBLE ANSWERS	NORM	GOAL	SERVICE
ORAL HEALTH ASSESSMENT				
93. Child (age 2 years and over) has been seen by a dentist?	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
94. Are child's teeth and gums brushed at least once per day?	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
95. Have sealants been applied? (Ages 5-17 years)	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
96. Child drinks water containing fluoride?	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
97. Child takes bottle to bed?	<ul style="list-style-type: none"> • Yes • No 	No	003	708 806 807 819
98. Number of hospitalizations in the first year of life?	0-10	0	003	708 806 807 819

PEDIATRIC PRIMARY CARE - 708A

QUESTION	POSSIBLE ANSWERS	NORM	GOAL	SERVICE
ANTICIPATORY GUIDANCE - NEWBORN - 708A				
1. Discussed newborn sleeping pattern with mother	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
2. Discussed newborn stimulation with mother	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
3. Discussed newborn crying pattern with mother	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
4. Counseled parents about bowel and bladder habits of newborn	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
5. Provided education/support to mother of newborn	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
6. Discussed daily cleaning of newborn's mouth with mother	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
7. Discussed newborn car seats with mother	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
8. Discussed newborn crib safety with mother	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
9. Discussed prevention of newborn burn injuries with mother	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
10. Discussed prevention of newborn falls with mother	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
11. Discussed where to obtain medical/health/dental care for the newborn with mother	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
12. Does child startle by sounds & is quieted by voices, look at mother & make comfort noises?	<ul style="list-style-type: none"> • Yes • No 	Yes	020	806 814
13. Does child move arms and legs symmetrically and when lying face down, lift head briefly so chin is off surface?	<ul style="list-style-type: none"> • Yes • No 	Yes	020	806 814
14. Discussed with client infant feeding method. (If client is breastfeeding continue with assessment)	<ul style="list-style-type: none"> • Yes • No 	Yes	005 615	620 807 806 819
15. Discussed with client how she is feeling about herself and breastfeeding	<ul style="list-style-type: none"> • Yes • No 	Yes	005 615	620 807 806 819

PEDIATRIC PRIMARY CARE - 708A

QUESTION	POSSIBLE ANSWERS	NORM	GOAL	SERVICE
16. Discussed with client her previous breastfeeding experience	<ul style="list-style-type: none"> • Yes • No 	Yes	005 615	620 807 806 819
17. Discussed nipple soreness and breast tenderness with client	<ul style="list-style-type: none"> • Yes • No 	Yes	005 615	620 807 806 819
18. Discussed her breastfeeding support network with client	<ul style="list-style-type: none"> • Yes • No 	Yes	005 615	620 807 806 819
19. Discussed with client breastfeeding goals	<ul style="list-style-type: none"> • Yes • No 	Yes	005 615	620 807 806 819
20. Discussed with client how she feels about the way her baby is growing	<ul style="list-style-type: none"> • Yes • No 	Yes	005 615	620 807 806 819
21. Discussed with client how baby lets her know when baby is hungry	<ul style="list-style-type: none"> • Yes • No 	Yes	005 615	620 807 806 819
22. Discussed with client how baby nurses	<ul style="list-style-type: none"> • Yes • No 	Yes	005 615	620 807 806 819
23. Discussed with client how she knows when baby is swallowing	<ul style="list-style-type: none"> • Yes • No 	Yes	005 615	620 807 806 819
24. Discussed with client any change in her milk/breast	<ul style="list-style-type: none"> • Yes • No 	Yes	005 615	620 807 806 819
25. Discussed with client what other foods/liquids baby receives besides breastmilk	<ul style="list-style-type: none"> • Yes • No 	Yes	005 615	620 807 806 819
26. Discussed with client baby's elimination patterns	<ul style="list-style-type: none"> • Yes • No 	Yes	005 615	620 807 806 819
27. Discussed with client pumping her breastmilk during separations from her baby	<ul style="list-style-type: none"> • Yes • No 	Yes	005 615	620 807 806 819

PEDIATRIC PRIMARY CARE - 708B

QUESTION	POSSIBLE ANSWERS	NORM	GOAL	SERVICE
ANTICIPATORY GUIDANCE - 2 MONTHS - 708B				
1. Discussed emotional needs/temperament of 2 month old infant with parents	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
2. Explained mouth cleaning procedure for 2 month old infant to mother	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
3. Discussed relief of parental stress to parents of 2 month old infant	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
4. Discussed maternal contraception with parents of 2 month old infant	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
5. Discussed role of father and siblings in care of 2 month old infant	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
6. Discussed use of car seats for 2 month old infant with parents	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
7. Discussed prevention of burn injuries for 2 month old infant with parents	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
8. Discussed prevention of falls for 2 month old infant with parents	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
9. Does child smile when talked to, make cooing sounds, vocalize single vowel sounds (ah-eh) and follow objects visually?	<ul style="list-style-type: none"> • Yes • No 	Yes	020	806 814
10. Does child show some head control & when lying on stomach lift head, neck & upper chest with support of forearms?	<ul style="list-style-type: none"> • Yes • No 	Yes	020	806 814
11. Discussed with client infant feeding method. (If client is breastfeeding continue with assessment).	<ul style="list-style-type: none"> • Yes • No 	Yes	005 615	620 807 806 819
12. Asked client how breastfeeding is going	<ul style="list-style-type: none"> • Yes • No 	Yes	005 615	620 807 806 819
13. Discussed with client any nipple soreness or breast tenderness	<ul style="list-style-type: none"> • Yes • No 	Yes	005 615	620 807 806 819
14. Discussed with client her plans to continue breastfeeding	<ul style="list-style-type: none"> • Yes • No 	Yes	005 615	620 807 806 819
15. Discussed with client pumping to provide breastmilk during separations	<ul style="list-style-type: none"> • Yes • No 	Yes	005 615	620 807 806 819

PEDIATRIC PRIMARY CARE - 708C

QUESTION	POSSIBLE ANSWERS	NORM	GOAL	SERVICE
ANTICIPATORY GUIDANCE - 4 MONTHS - 708C				
1. Discussed need for iron in diet for 4 month old infant with mother	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
2. Provided education to mother of 4 month old infant about introduction to solids in diet fed by spoon (cereal)	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
3. Discussed cleaning of mouth of 4 month old infant with mother	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
4. Discussed use of car seats for 4 month old infant with mother	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
5. Discussed prevention of burn injuries in 4 month old infant with mother	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
6. Discussed prevention of falls in 4 month old infant with mother	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
7. Discussed protection from pets and siblings for 4 month old infant with mother	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
8. Discussed parental “spoiling” of 4 month old infant with parents	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
9. Discussed stimulation of 4 month old infant with mother	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
10. Discussed relief of parental stress of parents of 4 month old infant	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
11. Does child recognize you, smile spontaneously and laugh?	<ul style="list-style-type: none"> • Yes • No 	Yes	020	806 814
12. Does child reach for object, control head and roll from stomach to back?	<ul style="list-style-type: none"> • Yes • No 	Yes	020	806 814
13. Discussed client infant feeding method. (If client is breastfeeding continue with assessment).	<ul style="list-style-type: none"> • Yes • No 	Yes	005 615	620 807 806 819
14. Asked client how breastfeeding is going	<ul style="list-style-type: none"> • Yes • No 	Yes	005 615	620 807 806 819
15. Discussed with client pumping to provide breastmilk during separations	<ul style="list-style-type: none"> • Yes • No 	Yes	005 615	620 807 806 819

PEDIATRIC PRIMARY CARE - 708C

QUESTION	POSSIBLE ANSWERS	NORM	GOAL	SERVICE
16. Provided iron-fortified formula education and support	<ul style="list-style-type: none"> • Yes • No 	Yes	005	620 807
			615	806 819

PEDIATRIC PRIMARY CARE - 708D

QUESTION	POSSIBLE ANSWERS	NORM	GOAL	SERVICE
ANTICIPATORY GUIDANCE - 6 MONTHS - 708D				
1. Discussed breastfeeding of 6 month old infant with mother	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
2. Discussed adding solids to diet of 6 month old infant with mother (vegetables/fruits)	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
3. Discussed introducing the cup to 6 month old infant with mother	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
4. Discussed iron requirements in diet of 6 month old infant with mother	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
5. Provided education about teething in 6 month old infant with mother	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
6. Discussed cleaning of teeth and gum of 6 month old infant with mother	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
7. Provided prevention education to mother about 6 month old infant sleeping with bottle	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
8. Discussed with mother use of car seats for 6 month old infant	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
9. Discussed prevention of burn injuries for 6 month old infant with mother	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
10. Discussed prevention of falls for 6 month old infant with mother	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
11. Discussed with mother prevention of poisoning in 6 month old infant	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
12. Does child self-comfort, laugh, squeal, babble and turn to sounds?	<ul style="list-style-type: none"> • Yes • No 	Yes	020	806 814
13. Does child sit with support, transfer objects from one hand to the other, mouth objects and roll over?	<ul style="list-style-type: none"> • Yes • No 	Yes	020	806 814
14. Discussed with client infant feeding method. (If client is breastfeeding continue with assessment).	<ul style="list-style-type: none"> • Yes • No 	Yes	005 615	620 807 806 819
15. Asked client how breastfeeding is going	<ul style="list-style-type: none"> • Yes • No 	Yes	005 615	620 807 806 819

PEDIATRIC PRIMARY CARE - 708D

QUESTION	POSSIBLE ANSWERS	NORM	GOAL	SERVICE
16. Discussed with client pumping to provide breastmilk during separations	<ul style="list-style-type: none"> • Yes • No 	Yes	005 615	620 807 806 819
17. Provided iron-fortified formula education and support	<ul style="list-style-type: none"> • Yes • No 	Yes	005 615	620 807 806 819

PEDIATRIC PRIMARY CARE - 708E

QUESTION	POSSIBLE ANSWERS	NORM	GOAL	SERVICE
ANTICIPATORY GUIDANCE - 9 MONTHS - 708E				
1. Discussed breastfeeding/formula for 9 month old infant with mother	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
2. Discussed importance of continuing to introduce a variety of healthy foods (including meats/protein)	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
3. Provided education to mother about having 9 month old infant drink from cup	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
4. Discussed giving 9 month old infant finger foods	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
5. Discussed with mother the cleaning of teeth and gum of 9 month old infant	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
6. Discussed with mother teething of 9 month old infant	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
7. Discussed with mother hazards of 9 month old infant sleeping with bottle	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
8. Discussed use of car seats for 9 month old infant with mother	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
9. Discussed with mother “childproofing” house for 9 month old infant safety	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
10. Discussed with mother the need to secure medications/poisons from 9 month old infant	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
11. Discussed with mother communication needs of 9 month old infant	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
12. Discussed with mother the need for autonomy of 9 month old infant	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
13. Reviewed social games for 9 month old infant	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
14. Provided education to mother about need for 9 month old infant to “explore”	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
15. Does child respond to his/her name, understand a few words and make two syllable babble (la-la, mama, dada)?	<ul style="list-style-type: none"> • Yes • No 	Yes	020	806 814

PEDIATRIC PRIMARY CARE - 708E

QUESTION	POSSIBLE ANSWERS	NORM	GOAL	SERVICE
16. Does child crawl, creep or scoot, sit without support, manipulate objects and feed self with fingers?	<ul style="list-style-type: none"> • Yes • No 	Yes	020	806 814
17. Discussed with client infant feeding method. (If client is breastfeeding continue with assessment).	<ul style="list-style-type: none"> • Yes • No 	Yes	005 615	620 807 806 819
18. Asked client how breastfeeding is going	<ul style="list-style-type: none"> • Yes • No 	Yes	005 615	620 807 806 819
19. Discussed with client pumping to provide breastmilk during separations	<ul style="list-style-type: none"> • Yes • No 	Yes	005 615	620 807 806 819
20. Provided iron-fortified formula education and support	<ul style="list-style-type: none"> • Yes • No 	Yes	005 615	620 807 806 819

PEDIATRIC PRIMARY CARE - 708F

QUESTION	POSSIBLE ANSWERS	NORM	GOAL	SERVICE
ANTICIPATORY GUIDANCE - 12 MONTHS - 708F				
1. Discussed with mother self-feeding for 12 month old infant and use of healthy table foods	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
2. Discussed with mother the need for variety of foods/nutritious diet for 12 month old infant	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
3. Discussed with mother hazards of 12 month old infant sleeping with bottle	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
4. Discussed with mother baby bottle tooth decay for 12 month old infant including weaning from bottle	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
5. Discussed with mother cleaning of teeth and gum of 12 month old infant	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
6. Provided mother with information about the Illinois Poison Center, about not using Syrup of Ipecac to induce vomiting, and about the Center's Toll Free Number, 1-800-222-1222.	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
7. Discussed with mother use of car seats for 12 month old infant	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
8. Discussed with mother prevention of burn in 12 month old infant	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
9. Discussed with mother the importance of outdoor supervision at all times for 12 month old infant	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
10. Provided mother education about selecting babysitters for 12 month old infant	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
11. Discussed with mother speech development of 12 month old infant	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
12. Reviewed positive methods of discipline	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
13. Discussed typical negativism of 12 month old infant	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
14. Does child ask for mama or dada, say 2-4 words and look for dropped objects?	<ul style="list-style-type: none"> • Yes • No 	Yes	020	806 814
15. Does child pull to stand, walk with support, feed self and imitate play (pat-a-cake, peek-a-boo)?	<ul style="list-style-type: none"> • Yes • No 	Yes	020	806 814

PEDIATRIC PRIMARY CARE - 708F

QUESTION	POSSIBLE ANSWERS	NORM	GOAL	SERVICE
16. Discussed with client infant feeding method. (If client is breastfeeding continue with assessment).	<ul style="list-style-type: none"> • Yes • No 	Yes	005 615	620 807 806 819
17. Asked client how breastfeeding is going	<ul style="list-style-type: none"> • Yes • No 	Yes	005 615	620 807 806 819
18. Provided support for client to continue breastfeeding as long as mutually desired (as long as mom and baby want)	<ul style="list-style-type: none"> • Yes • No 	Yes	005 615	620 807 806 819

PEDIATRIC PRIMARY CARE - 708G

QUESTION	POSSIBLE ANSWERS	NORM	GOAL	SERVICE
ANTICIPATORY GUIDANCE - 15 MONTHS - 708G				
1. Instructed mother on need for variety of healthy foods in diet of 15 month old infant	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
2. Discussed with mother weaning of 15 months old infant	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
3. Educated mother on cleaning of teeth and gums of 15 month old infant	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
4. Instructed mother about hazards of 15 months old infant sleeping with bottle	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
5. Instructed mother on baby bottle tooth decay in 15 months old infant	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
6. Educated mother on how to wean 15 months old infant from bottle	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
7. Discussed with mother car safety for 15 months old infant	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
8. Discussed with mother stairs safety for 15 months old infant	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
9. Discussed screens safety for 15 months old infant with mother	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
10. Discussed with mother prevention of burn in 15 months old infant	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
11. Discussed with mother water safety for 15 months old infant	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
12. Educated mother about safe toys for 15 months old infant	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
13. Counseled parents about 15 months old infant's instinct to imitate parents	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
14. Encouraged parents to provide stimulation to 15 months old infant	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
15. Discussed with parents the need to monitor TV use with 15 months old infant	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819

PEDIATRIC PRIMARY CARE - 708G

QUESTION	POSSIBLE ANSWERS	NORM	GOAL	SERVICE
16. Counseled parents about toilet training 15 month old infant	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
17. Provided parents education on positive methods of discipline of 15 month old infant	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
18. Does child indicate what they want, understand simple commands and say 3-6 words?	<ul style="list-style-type: none"> • Yes • No 	Yes	020	806 814
19. Does child walk alone, stack two blocks, drink from a cup and point to a body part?	<ul style="list-style-type: none"> • Yes • No 	Yes	020	806 814

PEDIATRIC PRIMARY CARE - 708H

QUESTION	POSSIBLE ANSWERS	NORM	GOAL	SERVICE
ANTICIPATORY GUIDANCE - 18 MONTHS - 708H				
1. Discussed use of spoon for 18 month old infant with parents	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
2. Discussed healthy diet for 18 month old infant with parents	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
3. Discussed cleaning of teeth and gums for 18 month old infant with parents	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
4. Discussed with parents hazards of 18 month old infant sleeping with bottle	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
5. Discussed with parents need for 18 month old infant to be weaned from bottle	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
6. Discussed development of baby bottle tooth decay in 18 month old infant	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
7. Discussed with parents car safety for 18 month old infant	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
8. Discussed with parents use of window guards for 18 month old infant	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
9. Discussed with parents prevention of poisoning in 18 month old infant	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
10. Discussed with parents prevention of falls for 18 month old infant	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
11. Provided education about prevention of burns for 18 month old infant with parents	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
12. Discussed with parents prevention of drowning for 18 month old infant	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
13. Discussed with parents need for positive discipline methods of 18 month old infant	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
14. Instructed parents to never shake their 18 month child	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
15. Instructed parents on child safety and need to keep unsafe items from 18 month old infant's reach	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819

PEDIATRIC PRIMARY CARE - 708H

QUESTION	POSSIBLE ANSWERS	NORM	GOAL	SERVICE
16. Instructed parents about safe toys for 18 months old infant	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
17. Does child use 15 words, show affection & follow simple commands?	<ul style="list-style-type: none"> • Yes • No 	Yes	020	806 814
18. Does child walk (maybe run a few steps), scribble, stack four blocks and use a spoon and cup?	<ul style="list-style-type: none"> • Yes • No 	Yes	020	806 814

PEDIATRIC PRIMARY CARE - 708I

QUESTION	POSSIBLE ANSWERS	NORM	GOAL	SERVICE
ANTICIPATORY GUIDANCE - 24 MONTHS - 708I				
1. Discussed with parents appropriate snacks for 2 year old child	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
2. Discussed with parents need for 2 year old child to feed self and importance of family meal-time	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
3. Discussed with parents brushing of teeth and gums of 2 year old child	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
4. Discussed with parents baby bottle tooth decay in 2 year old child	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
5. Discussed with parents car safety for 2 year old child	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
6. Discussed with parents street safety for 2 year old child	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
7. Discussed with parents machine safety for 2 year old child	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
8. Discussed with parents prevention of burns for 2 year old child	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
9. Discussed with parents prevention of falls for 2 year old child	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
10. Instructed parents about prevention of poisoning in 2 year old child	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
11. Discussed with parents water safety for 2 year old child	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
12. Encouraged parents to provide books to read for 2 year old child	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
13. Discussed with parents language development and the importance of talking to their 2 year old child	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
14. Discussed with parents need to monitor TV use for 2 year old child	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
15. Instructed parents in appropriate types of play for 2 year old child	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819

PEDIATRIC PRIMARY CARE - 708I

QUESTION	POSSIBLE ANSWERS	NORM	GOAL	SERVICE
16. Instructed parents on sleep needs of 2 year old child	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
17. Instructed parents about toilet training their 2 year old child	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
18. Does child say own name, use up to 20 words (two word phrases) and follow two step commands?	<ul style="list-style-type: none"> • Yes • No 	Yes	020	806 814
19. Does child run without falling, remove own clothes, kick a ball, climb stairs & feed self with a spoon?	<ul style="list-style-type: none"> • Yes • No 	Yes	020	806 814

PEDIATRIC PRIMARY CARE - 708J

QUESTION	POSSIBLE ANSWERS	NORM	GOAL	SERVICE
ANTICIPATORY GUIDANCE - 3 YEARS - 708J				
1. Discussed with parents healthy diet for 3 year old child	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
2. Discussed with parents brushing of teeth and gums for 3 year old child	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
3. Counseled parents about first dental visit for 3 year old child	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
4. Counseled parents about car safety for 3 year old child	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
5. Counseled parents about injury prevention for 3 year old child through proper knife storage	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
6. Counseled parents about stair safety for 3 year old child	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
7. Counseled parents about need for supervision of 3 year old child	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
8. Instructed parents on stranger danger for 3 year old child	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819

PEDIATRIC PRIMARY CARE - 708K

QUESTION	POSSIBLE ANSWERS	NORM	GOAL	SERVICE
ANTICIPATORY GUIDANCE - 4 YEARS - 708K				
1. Instructed parents to provide appropriate portions of food to 4 year old child	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
2. Instructed parents on proper snacks for 4 year old child	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
3. Instructed parents on need for healthy diet for 4 year old child	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
4. Discussed brushing of teeth and gums for 4 year old child	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
5. Encouraged regular dental visits for 4 year old child	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
6. Discussed importance of supervision for 4 year old child with parents	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
7. Discussed with parents swimming safety for 4 year old child	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
8. Discussed with parents fire safety for 4 year old child	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
9. Discussed with parents stranger danger for 4 year old child	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
10. Discussed with parents dog safety for 4 year old child	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
11. Discussed with parents importance of peers for 4 year old child	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
12. Discussed with parent need to give age appropriate choices to 4 year old child	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
13. Instructed parents to establish a bedtime ritual the 4 year old child can anticipate and enjoy	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
14. Informed parents about toilet training of 4 year old child	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
15. Advised parents about training appropriate discipline for 4 year old child	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819

PEDIATRIC PRIMARY CARE - 708L

QUESTION	POSSIBLE ANSWERS	NORM	GOAL	SERVICE
ANTICIPATORY GUIDANCE - 5 YEARS - 708L				
1. Discussed with parents the need for balanced healthy diet for their 5 year old child	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
2. Emphasized to parents importance of daily tooth brushing for 5 year old child	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
3. Discussed with parents need for regular dental visits for 5 year old child	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
4. Explained to parents the importance of dental sealants for 5 year old child	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
5. Discussed with parents use of mouth guard during sports activities for 5 year old child	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
6. Provided education to parents about malocclusion in teeth of 5 year old child	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
7. Discussed with parents car safety for 5 year old child	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
8. Discussed with parents water safety for 5 year old child	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
9. Discussed with parents bicycle safety for 5 year old child	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
10. Discussed with parents locking up of firearms and keeping key away from 5 year old child's reach for safety	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
11. Discussed with parents need to teach 5 year old child about strangers danger	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
12. Provided education to parents about types of chores to assign to 5 year old child	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
13. Instructed parents to establish balance between 5 year old child's need for independence and parental limit setting	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
14. Discussed with parents need to monitor use of TV for 5 year old child	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
15. Counseled parents on appropriate sex education for 5 year old child	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819

PEDIATRIC PRIMARY CARE - 708M

QUESTION	POSSIBLE ANSWERS	NORM	GOAL	SERVICE
ANTICIPATORY GUIDANCE - 8 YEARS - 708M				
1. Advised 8 year old child and parents about need for balanced healthy diet	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
2. Advised 8 year old child and parents about need for daily tooth brushing and flossing	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
3. Advised 8 year old child and parents about importance of dental sealants	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
4. Advised 8 year old child and parents about use of mouth guards for sports activities	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
5. Advised 8 year old child and parents about importance of regular dental visits	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
6. Instructed 8 year old child and parents about possible malocclusion of teeth and action to be taken	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
7. Instructed 8 year old child and parents about car safety	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
8. Instructed 8 year old child and parents about pedestrian safety	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
9. Instructed 8 year old child and parents about prevention of poison	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
10. Reviewed appropriate arrangements for adult supervision when parents are not at home	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
11. Instructed parents about establishing fair, understandable rules for chores, TV, activities and bedtime for 8 year old child	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
12. Instructed parents of 8 year old child about age appropriate chores to assign	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
13. Instructed 8 year old child and parents to limit TV watching to one hour per day of	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
14. Counseled 8 year old child on age appropriate sex education	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819

PEDIATRIC PRIMARY CARE - 708N

QUESTION	POSSIBLE ANSWERS	NORM	GOAL	SERVICE
ANTICIPATORY GUIDANCE - 10 YEARS - 708N				
1. Discussed with parents need for balanced healthy diet for 10 year old child	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
2. Discussed with parents car safety for 10 year old child	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
3. Discussed with parents bicycle safety for 10 year old child	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
4. Discussed with parents daily tooth brushing and flossing for 10 year old child	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
5. Discussed with parents dental sealants for 10 year old child	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
6. Discussed with parents use of mouth guards fo 10 year old child	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
7. Discussed with parents regular dental visits for 10 year old child	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
8. Discussed with parents possibility of malocclusion of teeth in 10 year old child and treatment	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
9. Discussed with parents water safety for 10 year old child	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
10. Discussed with parents safe storage of firearms from 10 year old child	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
11. Discussed with parents importance of good communication with 10 year old child	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
12. Instructed parents of need to establish rules and expectations for 10 year old child	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
13. Discussed with parents need to show affection to 10 year old child	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
14. Counseled parents on providing age appropriate sex education to 10 year old child	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
15. Discussed with parents age appropriate discipline for 10 year old child	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819

PEDIATRIC PRIMARY CARE - 708N

QUESTION	POSSIBLE ANSWERS	NORM	GOAL	SERVICE
16. Discussed with parents need for parental involvement in school activities of 10 year old child	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
17. Discussed with parents need to have 10 year old child discuss friends with parents	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
18. Discussed with 10 year old child and parents reasons to avoid smoking	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
19. Discussed with 10 year old child and parents reasons to avoid use of alcohol	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
20. Discussed with 10 year old child and parents reasons to avoid use of drugs	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
21. Discussed with 10 year old child and parent social interaction in sports & other activities	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819

PEDIATRIC PRIMARY CARE - 7080

QUESTION	POSSIBLE ANSWERS	NORM	GOAL	SERVICE
ANTICIPATORY GUIDANCE - 12 YEARS - 7080				
1. Discussed with 12 year old child and parents need for balanced healthy diet	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
2. Discussed with 12 year old child and parents need for daily tooth brushing and flossing	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
3. Discussed with 12 year old child and parents use of dental sealants	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
4. Discussed with 12 year old child and parents use of mouth guards	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
5. Discussed with 12 year old child and parents need for regular dental visits	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
6. Discussed with 12 year old child malocclusion and possible treatment	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
7. Instructed parents to maintain good communication with 12 year old child	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
8. Instructed parents to allow 12 year old child to make age-appropriate decision	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
9. Encourage parents to promote regular physical activity for 12 year old child	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
10. Discussed with parents and 12 year child to avoid use of illicit drugs	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
11. Discussed with 12 year old child and parents to avoid use of alcohol	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
12. Discussed with parents and 12 year old child age appropriate growth and development	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
13. Discussed with parents appropriate sex education	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
14. Discussed with parents need for parental involved in school activities of 12 year old	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
15. Discussed with parents 12 year old child's positive relationships with friends	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819

PEDIATRIC PRIMARY CARE - 708P

QUESTION	POSSIBLE ANSWERS	NORM	GOAL	SERVICE
ANTICIPATORY GUIDANCE - 14 YEARS - 708P				
1. Advised 14 year old about balanced healthy diet	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
2. Advised 14 year old about regular brushing and flossing	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
3. Advised 14 year old about regular dental visits	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
4. Advised 14 year old about use of mouth guard	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
5. Advised 14 year old about malocclusion and possible treatment	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
6. Advised parents of importance of spending time with 14 year old	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
7. Advised parents to set age appropriate expectations for 14 year old for chores, activities & TV	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
8. Encouraged 14 year old to engage in regular physical activity	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
9. Advised 14 year old child to brush teeth at least once a day and floss regularly	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
10. Advised 14 year old child to avoid use of illicit drugs, alcohol and tobacco	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
11. Instructed 14 year old about car safety	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
12. Advised 14 year old about importance of sufficient sleep/rest	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
13. Counseled 14 year old about sex education	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
14. Discussed development of positive self-esteem with 14 year old and parent	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819

PEDIATRIC PRIMARY CARE - 708Q

QUESTION	POSSIBLE ANSWERS	NORM	GOAL	SERVICE
ANTICIPATORY GUIDANCE - 16 YEARS - 708Q				
1. Discussed need for balanced healthy diet with 16 year old	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
2. Discussed with 16 year old regular brushing and flossing	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
3. Discussed with 16 year old need for regular dental visits	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
4. Discussed with 16 year old use of mouth guard	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
5. Discussed with 16 year old any malocclusion and possible treatment	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
6. Discussed with 16 year old good health habits-nutrition, stress reduction, substance use, exercise	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
7. Counseled 16 year old about sexual activity	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
8. Discussed with 16 year old the importance of school	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
9. Discussed with 16 year old about need for positive interaction with friends and family	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819

PEDIATRIC PRIMARY CARE - 708R

QUESTION	POSSIBLE ANSWERS	NORM	GOAL	SERVICE
ANTICIPATORY GUIDANCE - 18 YEARS - 708R				
1. Discussed with 18 year old oral health self care	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
2. Discussed with 18 year old importance of regular dental visits	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
3. Discussed with 18 year old use of mouth guard during sports	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
4. Discuss with 18 year old any malocclusion and possible treatment	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
5. Discuss with 18 year old good health habits, nutrition, exercise, stress reduction	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
6. Discussed with 18 year old about positive interactions with friends/family - social interaction	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819
7. Discussed with 18 year old avoidance of high-risk behaviors (drugs, sex, alcohol, cigarettes, etc)	<ul style="list-style-type: none"> • Yes • No 	Yes	003	708 806 807 819