



Well Baby Check: 12 month visit questionnaire

Interval History:

Has your child had any major illnesses or doctor visits since last seen here? No Yes

Has your child had any reactions to vaccinations in the past? No Yes

Development: Can your child (check all that apply) -

- | | |
|---|---|
| ☐ hold a cup to drink? | ☐ look at something when you point and say "look"? |
| ☐ feed him/herself finger foods? | ☐ see well without crossing or drifting eyes? |
| ☐ pick objects up with thumb and index finger? | ☐ walk while holding onto furniture (cruise)? |
| ☐ combine syllables (e.g. "dada," "mama")? | ☐ walk alone? |
| ☐ use gestures (point with finger/hand)? | ☐ clap hands? |
| ☐ understand words ("no," "more")? | ☐ wave bye-bye? |
| ☐ play peek-a-boo? | |

Who provides daytime care for your child? _____

Nutrition/Elimination:

How much milk does your child drink? _____ oz per day of [breast milk] [formula] [whole milk] [other _____]

Does your baby get 3 servings of calcium-rich foods daily? Yes No

Is your child eating a variety of fruits and vegetables daily? Yes No

Does your child eat iron-rich foods (meat/iron-fortified cereal, beans) daily? Yes No

Do you give your baby a bottle of anything except formula, milk or water? No Yes

Do you offer your child a sippy cup every day? Yes No

Are there any problems with pooping or peeing? No Yes

Baby's medications/vitamins/supplements: _____

Mother's medications/vitamins/supplements if giving breastmilk: _____

Dental Health:

Do you brush your child's teeth daily? Yes No

Sleep:

How long does your baby sleep at night without awakening? _____ hours

How long does your baby nap during the day? _____ hours

Does your baby sleep through the night without feeding? Yes No

Can they self-soothe? Yes No

Where does your baby sleep? _____

Staying Healthy/Safety:

Does your baby get any screen time? No Yes

Does your home have a working smoke detector? Yes No

Is your water temperature set to less than 120 degrees? Yes No N/A

Is your baby always supervised when near water, including the bathtub? Yes No



Lucile Salter Packard Children's Hospital

STANFORD UNIVERSITY MEDICAL CENTER • 725 Welch Road, Palo Alto, CA 94304

Lucile Packard
Children's Hospital
Stanford

Patient Name:

Date of Birth:

Questionnaire • Well Baby Check 12 Month

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Have you child-proofed your home?	Yes	No	
Do you have safety guards on upper floor windows and gates for the stairs?	Yes	No	N/A
Does your home have cleaning supplies/medicines/matches locked away?	Yes	No	
Is the Poison Control Center number (800-222-1222) posted by/in your phone?	Yes	No	
Does your child use sun protection when outdoors?	Yes	No	
Is your car seat appropriately sized, rear-facing, and in the back seat?	Yes	No	
Are all guns stored in a gun safe or locked with ammunition separate from gun?	Yes	No	N/A
Does your baby spend time with anyone who smokes or vapes?	No	Yes	

Risk Assessment for Lead Exposure:

Does your child live or spend a lot of time in a place built before before 1978

that has peeling or chipped paint?

No Yes

Does your child live or spend a lot of time in a place built before before 1978

that has been recently renovated?

No Yes

Please list any new major family medical issues:

Who lives in the home with your child?

What international travel has your child had since their last well check? (where and how long)

What plans are there for international travel with your child in the next 12 months? (where and how long)

What concerns would you like to discuss today?



Outpatient Record • TB Skin Test

Patient Name

Patient Date of Birth

School: _____
 Grade: _____

Santa Clara County Public Health Department Tuberculosis (TB) Risk Assessment for School Entry

This form must be completed by a licensed health professional in the U.S. and returned to the child's school.

1. Was your child born in, resided, or traveled (for more than one month) to a country with an elevated rate of TB*? ☐ Yes ☐ No
2. Has your child been in close contact to anyone with tuberculosis (TB) disease in their lifetime? ☐ Yes ☐ No
3. Is your child immunosuppressed; current, or planned? (e.g., due to HIV infection, organ transplant, treatment with TNF-alpha antagonist or high-dose systemic steroids (e.g. prednisone $\geq$ 15 mg/day for $\geq$ 2 weeks). ☐ Yes ☐ No

*Most countries other than the U.S., Canada, Australia, New Zealand, or a country in western or northern Europe. This does not include tourist travel for <1 month (i.e., travel that does not involve visiting family or friends, or involve significant contact with the local population).

If **YES**, to any of the above questions, the child has an increased risk of TB and should have a TB blood test (IGRA, i.e. QuantiFERON or T-SPOT.TB) or a tuberculin skin test (TST) unless there is either 1) a documented prior positive IGRA or TST performed in the U.S. or 2) no new risk factors since last documented negative IGRA (performed at age $\geq$ 2 years in the U.S.) or TST (performed at age $\geq$ 6 months in the U.S.).

All children with a current or prior positive IGRA/TST result must have a medical evaluation, including a chest x-ray (CXR; posterior-anterior and lateral for children <5 years old is recommended). CXR is not required for children with documented prior treatment for TB disease, documented prior treatment for latent TB infection, or BCG-vaccinated children who have a positive TST and negative IGRA. If there are no symptoms or signs of TB disease and the CXR is normal, the child should be treated for latent TB infection (LTBI) to prevent progression to TB disease.

Enter test results for all children with a positive risk assessment:

Interferon Gamma Release Assay (IGRA) Date: _____	Result: ☐ Negative ☐ Positive ☐ Indeterminate
Tuberculin Skin Test (TST/Mantoux/PPD) Date placed: _____ Date read: _____	Induration _____ mm Result: ☐ Negative ☐ Positive
Chest X-Ray Date: _____ Impression: ☐ Normal ☐ Abnormal	
LTBI Treatment Start Date: _____ ☐ Rifampin daily - 4 months ☐ Isoniazid/Rifapentine - weekly X 12 weeks ☐ Isoniazid daily - 9 months ☐ Other: _____ ☐ Prior TB/LTBI treatment (Rx & duration): _____ ☐ Treatment medically contraindicated ☐ Declined against medical advice	
Please check one of the boxes below and sign: ☐ Child has no TB symptoms, no risk factors for TB, and does not require a TB test. ☐ Child has a risk factor, has been evaluated for TB and is free of active TB disease. ☐ Child has no new risk factors since last negative IGRA/TST and has no symptoms.	
_____ Health Care Provider Signature, Title Date	

Name/Title of Health Provider:
License Number:
Facility/Address:
Phone number:

County of Santa Clara

Public Health Department

Tuberculosis Prevention & Control Program
976 Lenzen Avenue, Suite 1700
San José, CA 95126
408.885.2440



Testing Methods

An Interferon Gamma Release Assay (IGRA, i.e., QuantiFERON or T-SPOT.TB) or Mantoux tuberculin skin test (TST) should be used to test those at increased risk. An IGRA can be used in all children ≥ 2 years old and is preferred in BCG-vaccinated children to avoid a false positive TST result. A TST of ≥ 10 mm induration is considered positive. If a child has had contact with someone with active TB disease (yes to question 2 on reverse), or the child is immunosuppressed, then TST ≥ 5 mm is considered positive. If a BCG-vaccinated child has a positive TST, and an IGRA is subsequently performed and is negative, testing is considered negative unless the child was exposed to someone with TB disease or is immunosuppressed. For immunosuppressed children, screening should be performed by CXR in addition to a TST/IGRA (consider doing both) and symptom review. TB screening can be falsely negative within 8 weeks after exposure, so are best obtained 8 weeks after last exposure.

Evaluation of Children with Positive TB Tests

- All children with a positive IGRA/TST result must have a medical evaluation, including a CXR (posterior-anterior and lateral is recommended for children < 5 years old). A CXR is not required for a positive TST with negative IGRA in a BCG-vaccinated child, or if the child has documentation of prior treatment for TB disease or treatment for latent TB infection.
- For children with TB symptoms (e.g., cough for > 2 -3 weeks, shortness of breath, hemoptysis, fever, weight loss, night sweats) or an abnormal CXR consistent with active TB disease, report to the County of Santa Clara Public Health Department TB Program within one day. The child will need to be evaluated for TB disease with sputum AFB smears/cultures and nucleic acid amplification testing. A negative TST or IGRA does not rule out active TB disease in a patient with symptoms or signs of TB disease. The child cannot enter school unless active TB disease has been excluded or treatment has been initiated.
- If there are no symptoms or signs of TB disease and the CXR is normal, the child should be treated for latent TB infection (LTBI). Do not treat for LTBI until active TB disease has been excluded.
- Short-course regimens (rifampin daily for four months or 12-dose weekly isoniazid/rifapentine) are preferred (except in persons for whom there is a contraindication, such as a drug interaction or contact to a person with drug-resistant TB) due to similar efficacy and higher treatment completion rates as compared with 9 months of daily isoniazid.

Treatment Regimens for Latent TB Infection

- Rifampin 15 - 20 mg/kg (max. 600 mg) daily for 4 months
- 12-dose Weekly Isoniazid/Rifapentine (3HP) Regimen:
 - Isoniazid
 - 2-11 years old: 25 mg/kg rounded up to nearest 50 or 100 mg (max. 900 mg)
 - ≥ 12 years old: 15 mg/kg rounded up to nearest 50 or 100 mg (max. 900 mg)
 - Rifapentine
 - 10.0-14.0 kg: 300 mg
 - 14.1-25.0 kg: 450 mg
 - 25.1-32.0 kg: 600 mg
 - 32.1-50.0 kg: 750 mg
 - > 50 kg: 900 mg
 - Vitamin B6 50 mg weekly
- Isoniazid 10 mg/kg (range, 10-15 mg/kg; max. 300 mg) daily for 9 months. Recommended pyridoxine dosage is 25 mg for school-aged children (or 1-2 mg/kg/day).

Board of Supervisors: Mike Wasserman, Cindy Chavez, Otto Lee, Susan Ellenberg, S. Joseph Simitian,
County Executive: Jeffrey V. Smith