

Longitudinal Screening/Surveillance Process and Problem Checklist

Child's Name: _____ Date of Birth: _____

Directions: place checkmarks or dates to show when task/screenings have been completed. Shaded boxes show optimal timing for the various tasks.

Tasks/Screens	Age in months										Age in Years									List conditions/concerns; Brief statement of action taken, referral source and follow-up date										
	0-1	2	4	6	9	12	15	18	24	30	3	4	5	6	7-9	10-12	13-15	16-18	19-21											
Family psychosocial risk & mood disorder ¹																														
Resilience: parent-child interactions ²																														
Elicit & address caregivers' concerns ³																														
DB/social-emotional/mental health screen ⁴																														
Autism screen ⁵																														
Substance abuse Screen ⁶																														
Hearing screen																														
Vision screen																														
Physical Exam																														
Family Medical History																														
Developmental-Behavioral Promotion																														

1. (e.g., FPS, PHQ-2, EPDS)

2. (e.g., BPCIS)

3. (e.g., PEDS)/trigger Q's for adolescents)

4. [e.g., PEDS+PEDS:DM(0 - 8 yrs); ASQ with the ASQ:SE as indicated (4 mos - 6 yrs); SWILS + Pictorial PSC (6 ½ -14+ yrs)]

5. (e.g., M-CHAT & if time, Follow-up Interview)

6. [e.g., CRAFFT (11-21 yrs)]