## **Measure 4 – Well Child Visit**

**Child Measure**

**Data Collection Time Point(s)++**

☐ 3 Months Post Birth+ ☐ 6 Months Post Birth+ ☐ 9 Months Post Birth

☐ 1 Year Post Birth+ ☐ 15 Months Post Birth+ ☐ 18 Months Post Birth

☐ 21 Months Post Birth+ ☐ 2 Years Post Birth+ ☐ 27 Months Post Birth

☐ 30 Months Post Birth ☐ 33 Months Post Birth ☐ 3 Years Post Birth

☐ 4 Years Post Birth ☐ 5 Years Post Birth

+For NFP this is collected at each home visit, in the data system the report to submit the information will populate every 3 months until 24 months or 2 years past the birth of the child.

++ Please note that this measure populates every 3 months after the birth or enrollment of a child based on their birthday in the system. The measure is not based on when the screenings are due. It is asking which screenings were completed over a 3-month time period.

**\*Child Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Family ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1. Have you (Caregiver) taken your child for a well-child visit in the last 3 months?**

☐ Yes (Continue) ☐ No (End)

**2. If Yes, indicate which well-child visits[[1]](#footnote-1) were completed?**

☐ 3-7 days Approx. Date of Well Child Visit: \_ \_ / \_ \_ / \_ \_ \_ \_ MM/DD/YYYY

☐ 2-4 weeks Approx. Date of Well Child Visit: \_ \_ / \_ \_ / \_ \_ \_ \_ MM/DD/YYYY

☐ 2-3 months Approx. Date of Well Child Visit: \_ \_ / \_ \_ / \_ \_ \_ \_ MM/DD/YYYY

☐ 4-5 months Approx. Date of Well Child Visit: \_ \_ / \_ \_ / \_ \_ \_ \_ MM/DD/YYYY

☐ 6-7 months Approx. Date of Well Child Visit: \_ \_ / \_ \_ / \_ \_ \_ \_ MM/DD/YYYY

☐ 9-10 months Approx. Date of Well Child Visit: \_ \_ / \_ \_ / \_ \_ \_ \_ MM/DD/YYYY

☐ 12-13 months Approx. Date of Well Child Visit: \_ \_ / \_ \_ / \_ \_ \_ \_ MM/DD/YYYY

☐ 15-16 months Approx. Date of Well Child Visit: \_ \_ / \_ \_ / \_ \_ \_ \_ MM/DD/YYYY

☐ 18-19 months Approx. Date of Well Child Visit: \_ \_ / \_ \_ / \_ \_ \_ \_ MM/DD/YYYY

☐ 2-2.5 years Approx. Date of Well Child Visit: \_ \_ / \_ \_ / \_ \_ \_ \_ MM/DD/YYYY

☐ 3-3.5 years Approx. Date of Well Child Visit: \_ \_ / \_ \_ / \_ \_ \_ \_ MM/DD/YYYY

☐ 4-4.5 years Approx. Date of Well Child Visit: \_ \_ / \_ \_ / \_ \_ \_ \_ MM/DD/YYYY

1. Dates are not entered into the system but are including on the forms to help home visitors calculate the correct well-child visit based on the birthdate of the child. Well-Child visits follow the AAP Schedule at <https://www.aap.org/en-us/Documents/periodicity_schedule.pdf> [↑](#footnote-ref-1)