



*This insert is to be used together
with the Child Health Booklet.*

CHILDHOOD HEALTH BEHAVIOURS CHECKLIST



An initiative of



MINISTRY OF HEALTH
SINGAPORE

CHILDHOOD HEALTH BEHAVIOURS CHECKLIST

Please take care of this booklet and bring it along **with your Child Health Booklet** whenever your child visits a doctor, nurse or other healthcare professionals.

Dear Parents and Caregivers,

The following pages contain the Childhood Health Behaviours Checklist. This checklist has been carefully designed based on local guidelines, to support you in nurturing your child's healthy development across four lifestyle domains: Screen Use, Sleep, Physical Activity, and Nutrition.

As your child grows, their needs and behaviours change. To help you navigate these changes, we have created seven checklists, each aligned with a specific Childhood Developmental Screening (CDS) touchpoint. These checklists serve as advisory tools to increase your awareness about the healthy behaviours children should adopt from an early age.

We encourage you to complete the relevant checklist before or as part of each CDS visit. This process will help you reflect on your child's current habits and prepare you for meaningful discussions with healthcare professionals during the CDS check-ups.

At the end of each checklist, you will find some web-links and QR codes. These will direct you to additional resources, offering deeper insights and practical tips related to each lifestyle domain. We hope these materials will help you to support your child's growth and development.

As every child is unique, these checklists are designed to guide parents and caregivers to make informed decisions that are best suited for your family's context, and are stepping stones to foster conversations about your child's well-being.

We appreciate your commitment to your child's health and development. Together, we can lay the foundation for lifelong healthy habits.

Wishing you and your child a journey of growth, discovery, and well-being.

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CHILDHOOD HEALTH BEHAVIOURS CHECKLIST AT 4-8 WEEKS

To be completed at time of 1st CDS visit (4-8 week check)

Date of Completion: _____ Age: _____ Main caregiver: _____

CHILDHOOD HEALTH BEHAVIOURS CHECKLIST (TO BE COMPLETED BY PARENTS)

Please tick "Yes/Most of the time" or "No/Rarely"
ALL FIELDS SHOULD BE COMPLETED

YES/
MOST OF
THE TIME

NO/
RARELY

Screen Use

- 1 You avoid giving your child any screen time* from any type of devices such as smartphones, tablets, laptops and television.

**Includes screen time during feeds, before bed and any time when your child is awake. Please exclude time spent on interactive video chatting.*

- 2 You avoid exposing your child to any background screen use*.

**Refers to television or devices displaying content in the background, which causes distractions, even when your child is not watching them.*

Sleep

- 3 Your child gets about 14-17 hours of sleep daily (including nap time).

Physical Activity

- 4 Your child is engaged in interactive floor-based activities* (non-screen-based) for a minimum of 30 minutes spread throughout the day.

**Includes supervised tummy time.*

CHILDHOOD HEALTH BEHAVIOURS CHECKLIST AT 4-8 WEEKS

To be completed at time of 1st CDS visit (4-8 week check)





**CHILDHOOD HEALTH BEHAVIOURS CHECKLIST
(TO BE COMPLETED BY PARENTS)**
Please tick "Yes/Most of the time" or "No/Rarely"
ALL FIELDS SHOULD BE COMPLETED

**YES/
MOST OF
THE TIME** **NO/
RARELY**

Nutrition

5 Your child is breastfed as much as possible.

IF YOUR ANSWER IS "NO/RARELY" FOR ANY OF THE QUESTIONS, OR IF YOU NEED MORE INFORMATION, REFER TO THE FOLLOWING RESOURCES:

Screen Use	Sleep	Physical Activity	Nutrition
https://go.gov.sg/cds-parents1 	https://go.gov.sg/cds-parents2 	https://go.gov.sg/cds-parents3 	https://go.gov.sg/cds-parents4 

Comments of Doctor/Nurse on Childhood Health Behaviours Checklist completed by parents:

CHILDHOOD HEALTH BEHAVIOURS CHECKLIST AT 3-5 MONTHS

To be completed at time of 2nd CDS visit (3-5 month check)

Date of Completion: _____ Age: _____ Main caregiver: _____

CHILDHOOD HEALTH BEHAVIOURS CHECKLIST (TO BE COMPLETED BY PARENTS)

Please tick "Yes/Most of the time" or "No/Rarely"
ALL FIELDS SHOULD BE COMPLETED

YES/
MOST OF
THE TIME

NO/
RARELY

Screen Use

- 1 You avoid giving your child any screen time* from any type of devices such as smartphones, tablets, laptops and television.

**Includes screen time during feeds, before bed and any time when your child is awake. Please exclude time spent on interactive video chatting.*

- 2 You avoid exposing your child to any background screen use*.

**Refers to television or devices displaying content in the background, which causes distractions, even when your child is not watching them.*

Sleep

- 3 Your child gets about 14-17 hours of sleep daily at 3 months old and 12-15 hours of sleep daily at 4 to 5 months old (including nap time).

Physical Activity

- 4 Your child is engaged in interactive floor-based activities* (non-screen-based) for a minimum of 30 minutes spread throughout the day.

**Includes supervised tummy time and practising rolling over.*

Nutrition

- 5 Your child is breastfed as much as possible.

CHILDHOOD HEALTH BEHAVIOURS CHECKLIST AT 3-5 MONTHS

To be completed at time of 2nd CDS visit (3-5 month check)

CHILDHOOD HEALTH BEHAVIOURS CHECKLIST

(TO BE COMPLETED BY PARENTS)

Please tick "Yes/Most of the time" or "No/Rarely"

ALL FIELDS SHOULD BE COMPLETED

**YES/
MOST OF
THE TIME**

**NO/
RARELY**





- 6 Your child (aged 4 months and above) has been introduced to a variety of developmentally appropriate solid foods of various textures and flavours, prepared with no added salt, sugar, oil, and other sauces and seasoning*.

**If solid foods have been introduced into your child's diet (if not, please indicate as N.A.).*

- 7 You avoid giving your child any fruit juices, sugar- and artificially sweetened drinks*, and caffeinated beverages.

**Examples include chocolate/malt drinks, canned or packaged drinks, or cola-flavoured soft drinks.*

IF YOUR ANSWER IS "NO/RARELY" FOR ANY OF THE QUESTIONS, OR IF YOU NEED MORE INFORMATION, REFER TO THE FOLLOWING RESOURCES:

Screen Use	Sleep	Physical Activity	Nutrition
https://go.gov.sg/cds-parents1 	https://go.gov.sg/cds-parents2 	https://go.gov.sg/cds-parents3 	https://go.gov.sg/cds-parents4 

Comments of Doctor/Nurse on Childhood Health Behaviours Checklist completed by parents:

CHILDHOOD HEALTH BEHAVIOURS CHECKLIST AT 6 MONTHS

To be completed at time of 3rd CDS visit (6-12 month check)

Date of Completion: _____ Age: _____ Main caregiver: _____

CHILDHOOD HEALTH BEHAVIOURS CHECKLIST (TO BE COMPLETED BY PARENTS)

Please tick "Yes/Most of the time" or "No/Rarely"

ALL FIELDS SHOULD BE COMPLETED

YES/
MOST OF
THE TIME

NO/
RARELY

Screen Use

- 1 You avoid giving your child any screen time* from any type of devices such as smartphones, tablets, laptops and television.

**Includes screen time during meals, before bed and any time when your child is awake. Please exclude time spent on interactive video chatting.*

- 2 You avoid exposing your child to any background screen use*.

**Refers to television or devices displaying content in the background, which causes distractions, even when your child is not watching them.*

Sleep

- 3 Your child gets about 12-15 hours of sleep daily at 6 to 11 months old, and 11-14 hours of sleep daily at 12 months old (including nap time).

Physical Activity

- 4 Your child is engaged in interactive floor-based activities* (non-screen-based) for a minimum of 30 minutes spread throughout the day.

**Includes supervised crawling and attempts to walk by holding onto furniture for support (cruising).*

Nutrition

- 5 Your child has been introduced to a variety of developmentally appropriate solid foods of various textures and flavours, prepared with no added salt, sugar, oil, and other sauces and seasoning*.

**If solid foods have been introduced into your child's diet (if not, please indicate as N.A.).*

CHILDHOOD HEALTH BEHAVIOURS CHECKLIST AT 6 MONTHS

To be completed at time of 3rd CDS visit (6-12 month check)

CHILDHOOD HEALTH BEHAVIOURS CHECKLIST

(TO BE COMPLETED BY PARENTS)

Please tick "Yes/Most of the time" or "No/Rarely"

ALL FIELDS SHOULD BE COMPLETED





**YES/
MOST OF
THE TIME**

**NO/
RARELY**

- | | | | |
|---|---|--------------------------|--------------------------|
| 6 | Your child's meals are spaced 2-3 hours apart to avoid overfeeding. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | You avoid giving your child any fruit juices, sugar- and artificially sweetened drinks*, and caffeinated beverages. | <input type="checkbox"/> | <input type="checkbox"/> |

**Examples include chocolate/malt drinks, canned or packaged drinks, or cola-flavoured soft drinks.*

IF YOUR ANSWER IS "NO/RARELY" FOR ANY OF THE QUESTIONS, OR IF YOU NEED MORE INFORMATION, REFER TO THE FOLLOWING RESOURCES:

Screen Use	Sleep	Physical Activity	Nutrition
https://go.gov.sg/cds-parents1	https://go.gov.sg/cds-parents2	https://go.gov.sg/cds-parents3	https://go.gov.sg/cds-parents4
			

Comments of Doctor/Nurse on Childhood Health Behaviours Checklist completed by parents:

CHILDHOOD HEALTH BEHAVIOURS CHECKLIST AT 12 MONTHS

To be completed at time of 4th CDS visit (6-12 month check)

Date of Completion: _____ Age: _____ Main caregiver: _____

CHILDHOOD HEALTH BEHAVIOURS CHECKLIST (TO BE COMPLETED BY PARENTS)

Please tick "Yes/Most of the time" or "No/Rarely"
ALL FIELDS SHOULD BE COMPLETED

YES/
MOST OF
THE TIME

NO/
RARELY

Screen Use

- 1 You avoid giving your child any screen time* from any type of devices such as smartphones, tablets, laptops and television.

**Includes screen time during meals, before bed and any time when your child is awake. Please exclude time spent on interactive video chatting.*

- 2 You avoid exposing your child to any background screen use*.

**Refers to television or devices displaying content in the background, which causes distractions, even when your child is not watching them.*

Sleep

- 3 Your child gets about 12-15 hours of sleep daily at 6 to 11 months old, and 11-14 hours of sleep daily at 12 months old (including nap time).

Physical Activity

- 4 Your child is engaged in interactive floor-based activities* (non-screen-based) for a minimum of 30 minutes spread throughout the day.

**Includes supervised crawling and attempts to walk by holding onto furniture for support (cruising).*

Nutrition

- 5 Your child has been introduced to a variety of developmentally appropriate solid foods of various textures and flavours, prepared with no added salt, sugar, oil, and other sauces and seasoning*.

**If solid foods have been introduced into your child's diet (if not, please indicate as N.A.).*

CHILDHOOD HEALTH BEHAVIOURS CHECKLIST AT 12 MONTHS

To be completed at time of 4th CDS visit (6-12 month check)

CHILDHOOD HEALTH BEHAVIOURS CHECKLIST

(TO BE COMPLETED BY PARENTS)

Please tick "Yes/Most of the time" or "No/Rarely"

ALL FIELDS SHOULD BE COMPLETED





**YES/
MOST OF
THE TIME**

**NO/
RARELY**

- | | | | |
|---|---|--------------------------|--------------------------|
| 6 | Your child's meals are spaced 2-3 hours apart to avoid overfeeding. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | You avoid giving your child any fruit juices, sugar- and artificially sweetened drinks*, and caffeinated beverages. | <input type="checkbox"/> | <input type="checkbox"/> |

**Examples include chocolate/malt drinks, canned or packaged drinks, or cola-flavoured soft drinks.*

IF YOUR ANSWER IS "NO/RARELY" FOR ANY OF THE QUESTIONS, OR IF YOU NEED MORE INFORMATION, REFER TO THE FOLLOWING RESOURCES:

Screen Use	Sleep	Physical Activity	Nutrition
https://go.gov.sg/cds-parents1	https://go.gov.sg/cds-parents2	https://go.gov.sg/cds-parents3	https://go.gov.sg/cds-parents4
			

Comments of Doctor/Nurse on Childhood Health Behaviours Checklist completed by parents:

CHILDHOOD HEALTH BEHAVIOURS CHECKLIST AT 15-22 MONTHS

To be completed at time of 5th CDS visit (15-22 month check)

Date of Completion: _____ Age: _____ Main caregiver: _____

CHILDHOOD HEALTH BEHAVIOURS CHECKLIST (TO BE COMPLETED BY PARENTS)

Please tick "Yes/Most of the time" or "No/Rarely"

ALL FIELDS SHOULD BE COMPLETED

YES/
MOST OF
THE TIME

NO/
RARELY

Screen Use

- 1 You avoid giving your child any screen time* from any type of devices such as smartphones, tablets, laptops and television.

**Includes screen time during meals, before bed and any time when your child is awake. Please exclude time spent on interactive video chatting.*

- 2 You avoid exposing your child to any background screen use*.

**Refers to television or devices displaying content in the background, which causes distractions, even when your child is not watching them.*

Sleep

- 3 Your child has regular sleep and wake times and gets about 11-14 hours of sleep daily (including nap time).

Physical Activity

- 4 Your child spends at least 180 minutes doing a variety of physical activities of any intensity spread throughout the day, including crawling, walking and running.

- 5 Your child engages in outdoor active play* daily.

**For example, playing at outdoor playgrounds, playing catching/tag, ball games, and cycling in outdoor areas.*

Nutrition

- 6 Your child has a structured routine* for meal and snack times daily.

**This includes serving your child with meals at regular timings every day.*

CHILDHOOD HEALTH BEHAVIOURS CHECKLIST AT 15-22 MONTHS





To be completed at time of 5th CDS visit (15-22 month check)

**CHILDHOOD HEALTH BEHAVIOURS CHECKLIST
(TO BE COMPLETED BY PARENTS)**
Please tick "Yes/Most of the time" or "No/Rarely"
ALL FIELDS SHOULD BE COMPLETED

**YES/
MOST OF
THE TIME** **NO/
RARELY**

- | | | | |
|---|--|--------------------------|--------------------------|
| 7 | Your child is given an appropriate portion* of meal and snacks^ daily.
<i>*A quarter plate of wholegrains, a quarter plate of meat and other produce, and half a plate of fruits and vegetables.
^Offer snacks in moderation. Recommended options include wholegrain foods, fruits and vegetables (e.g., wholegrain biscuits, carrot sticks).</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | You avoid giving your child any fruit juices, sugar- and artificially sweetened drinks*, and caffeinated beverages.
<i>*Examples include chocolate/malt drinks, canned or packaged drinks, or cola-flavoured soft drinks.</i> | <input type="checkbox"/> | <input type="checkbox"/> |

IF YOUR ANSWER IS "NO/RARELY" FOR ANY OF THE QUESTIONS, OR IF YOU NEED MORE INFORMATION, REFER TO THE FOLLOWING RESOURCES:

Screen Use	Sleep	Physical Activity	Nutrition
https://go.gov.sg/cds-parents1	https://go.gov.sg/cds-parents2	https://go.gov.sg/cds-parents3	https://go.gov.sg/cds-parents4
			

Comments of Doctor/Nurse on Childhood Health Behaviours Checklist completed by parents:

CHILDHOOD HEALTH BEHAVIOURS CHECKLIST AT 24-36 MONTHS

To be completed at time of 6th CDS visit (24-36 month check)

Date of Completion: _____ Age: _____ Main caregiver: _____

CHILDHOOD HEALTH BEHAVIOURS CHECKLIST (TO BE COMPLETED BY PARENTS)

Please tick "Yes/Most of the time" or "No/Rarely"

ALL FIELDS SHOULD BE COMPLETED

YES/
MOST OF
THE TIME

NO/
RARELY

Screen Use

- | | | | |
|---|---|--------------------------|--------------------------|
| 1 | Your child's total screen use outside of school is less than one hour daily. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | Your child only watches age-appropriate content. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | An adult discusses with your child about what he or she is watching*.
<i>*For example, the adult can ask the child: "what do you think will happen next?" or "why do you think the character did that?".</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | Your child has screen-free mealtimes. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | You avoid giving your child any screen time one hour before bed. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | You avoid exposing your child to any background screen use*.
<i>*Refers to television or devices displaying content in the background, which causes distractions, even when your child is not watching them.</i> | <input type="checkbox"/> | <input type="checkbox"/> |

Sleep

- | | | | |
|---|---|--------------------------|--------------------------|
| 7 | Your child has regular sleep and wake times and gets about 11-14 hours of sleep daily (including nap time). | <input type="checkbox"/> | <input type="checkbox"/> |
|---|---|--------------------------|--------------------------|

Physical Activity

- | | | | |
|---|--|--------------------------|--------------------------|
| 8 | Your child spends at least 180 minutes doing a variety of physical activities of any intensity spread throughout the day, including crawling, walking and running. | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--|--------------------------|--------------------------|

CHILDHOOD HEALTH BEHAVIOURS CHECKLIST AT 24-36 MONTHS

To be completed at time of 6th CDS visit (24-36 month check)

CHILDHOOD HEALTH BEHAVIOURS CHECKLIST

(TO BE COMPLETED BY PARENTS)
Please tick "Yes/Most of the time" or "No/Rarely"
ALL FIELDS SHOULD BE COMPLETED

**YES/
MOST OF
THE TIME**

**NO/
RARELY**

- 9 Your child engages in outdoor active play* daily.
**For example, playing at outdoor playgrounds, playing catching/tag, ball games, and cycling in outdoor areas.*





Nutrition

- 10 Your child has a structured routine* for meal and snack times daily.
**This includes serving your child with meals at regular timings every day.*

- 11 Your child is given an appropriate portion* of meal and snacks^ daily.
**A quarter plate of wholegrains, a quarter plate of meat and other produce, and half a plate of fruits and vegetables.
^Offer snacks in moderation. Recommended options include wholegrain foods, fruits and vegetables (e.g., wholegrain biscuits, carrot sticks).*

- 12 You avoid giving your child any fruit juices, sugar- and artificially sweetened drinks*, and caffeinated beverages.
**Examples include chocolate/malt drinks, canned or packaged drinks, or cola-flavoured soft drinks.*

IF YOUR ANSWER IS "NO/RARELY" FOR ANY OF THE QUESTIONS, OR IF YOU NEED MORE INFORMATION, REFER TO THE FOLLOWING RESOURCES:

Screen Use	Sleep	Physical Activity	Nutrition
https://go.gov.sg/cds-parents1 	https://go.gov.sg/cds-parents2 	https://go.gov.sg/cds-parents3 	https://go.gov.sg/cds-parents4 

Comments of Doctor/Nurse on Childhood Health Behaviours Checklist completed by parents:

CHILDHOOD HEALTH BEHAVIOURS CHECKLIST AT 4-6 YEARS

To be completed at time of 7th CDS visit (4-6 year check)

Date of Completion: _____ Age: _____ Main caregiver: _____

**CHILDHOOD HEALTH BEHAVIOURS CHECKLIST
(TO BE COMPLETED BY PARENTS)**

Please tick "Yes/Most of the time" or "No/Rarely"
ALL FIELDS SHOULD BE COMPLETED

**YES/
MOST OF
THE TIME**

**NO/
RARELY**

Screen Use

- | | | | |
|---|---|--------------------------|--------------------------|
| 1 | Your child's total screen use outside of school is less than one hour daily. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | Your child only watches age-appropriate content. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | An adult discusses with your child about what he or she is watching*.
<i>*For example, the adult can ask the child: "what do you think will happen next?" or "why do you think the character did that?".</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | Your child has screen-free mealtimes. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | You avoid giving your child any screen time one hour before bed. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | You avoid exposing your child to any background screen use*.
<i>*Refers to television or devices displaying content in the background, which causes distractions, even when your child is not watching them.</i> | <input type="checkbox"/> | <input type="checkbox"/> |

Sleep

- | | | | |
|---|---|--------------------------|--------------------------|
| 7 | Your child gets about 10-13 hours of sleep daily at 4 to 5 years old, and 9-13 hours of sleep daily at 5 to 6 years old (including nap time, if any). | <input type="checkbox"/> | <input type="checkbox"/> |
|---|---|--------------------------|--------------------------|

CHILDHOOD HEALTH BEHAVIOURS CHECKLIST AT 4-6 YEARS

To be completed at time of 7th CDS visit (4-6 year check)

CHILDHOOD HEALTH BEHAVIOURS CHECKLIST

(TO BE COMPLETED BY PARENTS)

Please tick "Yes/Most of the time" or "No/Rarely"

ALL FIELDS SHOULD BE COMPLETED

YES/
MOST OF
THE TIME

NO/
RARELY

Physical Activity

- | | | | |
|----|---|--------------------------|--------------------------|
| 8 | Your child spends at least 180 minutes doing a variety of physical activities* of any intensity spread throughout the day.

<i>*These can come from many common activities such as playground play, ball games and cycling which involve movements like running, jumping, catching, throwing and kicking.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 | Of the time spent on physical activities, your child spends at least 60 minutes on moderate to vigorous-intensity activities* spread throughout the day.

<i>*For example, running, rope-skipping and games at the playground such as tag/catching.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | Your child engages in outdoor active play* daily.

<i>*For example, playing at outdoor playgrounds, playing catching/tag, ball games, and cycling in outdoor areas.</i> | | |

Nutrition

- | | | | |
|----|--|--------------------------|--------------------------|
| 11 | Your child has a structured routine* for meal and snack times daily.

<i>*This includes serving your child with meals at regular timings every day.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 | Your child is given an appropriate portion* of meal and snacks^ daily.

<i>*A quarter plate of wholegrains, a quarter plate of meat and other produce, and half a plate of fruits and vegetables.
^Offer snacks in moderation. Recommended options include wholegrain foods, fruits and vegetables (e.g., wholegrain biscuits, carrot sticks).</i> | <input type="checkbox"/> | <input type="checkbox"/> |

CHILDHOOD HEALTH BEHAVIOURS CHECKLIST AT 4-6 YEARS

To be completed at time of 7th CDS visit (4-6 year check)


**CHILDHOOD HEALTH BEHAVIOURS CHECKLIST
(TO BE COMPLETED BY PARENTS)**
Please tick "Yes/Most of the time" or "No/Rarely"
ALL FIELDS SHOULD BE COMPLETED

**YES/
MOST OF
THE TIME**


**NO/
RARELY**

- 13 Your child only consumes water, or occasionally, beverages that are graded Nutri-Grade A or B* and/or labelled with the Healthier Choice Symbol[^]. These beverages include chocolate/malt drinks, and fruit juices.

**Beverages graded Nutri-Grade A or B*







[^]Healthier Choice Symbol



- 14 You avoid giving your child any caffeinated beverages such as energy drinks, cola-flavoured soft drinks and bubble teas containing caffeine.

IF YOUR ANSWER IS "NO/RARELY" FOR ANY OF THE QUESTIONS, OR IF YOU NEED MORE INFORMATION, REFER TO THE FOLLOWING RESOURCES:

Screen Use	Sleep	Physical Activity	Nutrition
https://go.gov.sg/cds-parents5 	https://go.gov.sg/cds-parents6 	https://go.gov.sg/cds-parents7 	https://go.gov.sg/cds-parents8 

Comments of Doctor/Nurse on Childhood Health Behaviours Checklist completed by parents:

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