

Child's name _____ Date of birth _____ Today's Date _____
 (first last)

Screening for child age newborn – 11 months Age _____ months

Breast Milk	Feeding method	Breast	Bottle	Both						
	Breastfeedings per 24 hours	2-3	4-5	6-7	8-9	10-11	Other			
	Feeding frequency- Every:	2 hours	3 hours	4 hours	5 hours	6 hours	7 hours	8 hours	On Demand	Other
	Minutes per breast	5	10	15	20	25	30			
	How many ounces of breast milk per bottle	1	2	3	4	5	6	≥8		
	Vitamin D Supplement	Yes	No							

Formula	How many ounces per bottle	1	2	3	4	5	6	7	≥8
	Feeding Frequency- Every:	2 hours	3 hours	4 hours	5 hours	6 hours	8 hours	On Demand	Other
	Formula brand	Similac Advance Similac Sensitive Similac Sensitive – AR Similac Sensitive – Soy Similac Advance – Organic Good Start Nutramigen	Enfamil Alimentum Progestemil Generic Milk Based Generic Soy Based Go & Grow (9-24 mos) Other						

Juice	How many ounces of juice per day	None	4	8	16	24	≥25
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Solid Foods	Cereal	Yes	No
	Fruits	Yes	No
	Vegetables	Yes	No
	Meats/Protein	Yes	No

Well Infant	Wet diapers per day	1-2	3-4	5-6	7-8					
	Stools per day	1-2	3-4	5-6	7-8					
	Sleeping concerns	No	Yes							
	Longest stretch of sleep at night (hours)	1	2	3	4	5	6	8	9	10
	Car Seat	Rear Facing	Forward Facing							
	Childcare	Home	Relative	Babysitter	Daycare					

Has your child been diagnosed with Asthma?	No	Yes
When was your child's last Influenza Vaccine?	Date:	

2 Month Questionnaire

Child's name: _____

Today's Date: _____

Child's date of birth: _____

COMMUNICATION

- | | YES | SOMETIMES | NOT YET |
|---|-----------------------|-----------------------|-----------------------|
| 1. Does your baby sometimes make throaty or gurgling sounds? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Does your baby make cooing sounds such as "ooo", "gah", and "aah"? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. When you speak to your baby, does she make sounds back to you? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Does your baby smile when you talk to him? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Does your baby chuckle softly? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. After you have been out of sight, does your baby smile or get excited when she sees you? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Total: _____

GROSS MOTOR

- | | YES | SOMETIMES | NOT YET |
|---|-----------------------|-----------------------|-----------------------|
| 1. While your baby is on his back, does he wave his arms and legs, wiggle and squirm? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. When your baby is on her tummy, does she turn her head to the side? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. When your baby is on his tummy, does he hold his head up longer than a few seconds? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. When your baby is on her back, does she kick her legs? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. While your baby is on his back, does he move his head from side to side? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. After holding her head up while on her tummy, does your baby lay her head back down on the floor, rather than let it drop or fall forward? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Total: _____

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FINE MOTOR

- | | YES | SOMETIMES | NOT YET |
|---|-----------------------|-----------------------|-----------------------|
| 1. Is your baby's hand usually tightly closed when he is awake? (If your baby used to do this but no longer does, mark 'yes') | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Does your baby grasp your finger if you touch the palm of her hand? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. When you put a toy in his hand, does your baby hold it in his hand briefly? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Does your baby touch her face with her hands? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Does your baby hold his hands open or partly open when he is awake (rather than in fists, as they were when he was a newborn)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Does your baby grab or scratch at her clothes? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



Total: _____

PERSONAL-SOCIAL

- | | YES | SOMETIMES | NOT YET |
|--|-----------------------|-----------------------|-----------------------|
| 1. Does your baby sometimes try to suck, even when she's not feeding? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Does your baby cry when he is hungry, wet, tired or wants to be held? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Does your baby smile at you? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. When you smile at your baby, does she smile back? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Does your baby watch his hands? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. When your baby sees the breast or bottle, does she seem to know she is about to be fed? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



Total: _____