

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:	

4 Month Questionnaire

Child's name: _____

Today's Date: _____

Child's date of birth: _____

COMMUNICATION

	YES	SOMETIMES	NOT YET
1. Does your baby chuckle softly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. After you have been out of sight, does your baby smile or get excited when he sees you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Does your baby stop crying when she hears a voice other than yours?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Does your baby make high-pitched squeals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Does your baby laugh?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Does your baby make sounds when looking at toys or people?	<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 move his head from side to side?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. 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"/>
3. When your baby is on his tummy, does he hold his head up so that his chin is about 3 inches from the floor for at least 15 seconds?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. When your baby is on her tummy, does she hold her head straight up, looking around? (she can rest on her arms while doing this)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. When you hold him in a sitting position, does your baby hold his head steady?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. While your baby is on her back, does your baby bring her hands together over her chest, touching her fingers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Total: _____

continued on back side

FINE MOTOR

1. Does your baby hold his hands open or partly open (rather than in fists, as they were when he was a newborn)?



2. When you put a toy in her hand, does your baby wave it about, at least briefly?
3. Does your baby grab or scratch at his clothes?
4. When you put a toy in her hand, does your baby hold onto it for about 1 minute while looking at it, waving it about or trying to chew it?
5. Does your baby grab or scratch his fingers on a surface in front of him, either while being held in a sitting position or when he is on his tummy?
6. When you dangle a toy above your baby while she is laying on her back, does your baby wave her arms toward the toy?

YES	SOMETIMES	NOT YET
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total: _____

PERSONAL-SOCIAL

1. Does your baby watch his hands?



2. When your baby has her hands together, does she play with her fingers?
3. When your baby sees the breast or bottle, does he seem to know he is about to be fed??
4. Does your baby help hold the bottle with both hands at once, or when nursing, does she hold the breast with her free hand?
5. Before you smile or talk to your baby, does he smile when he sees you nearby?
6. When in front of a large mirror, does your baby smile or coo at herself?



YES	SOMETIMES	NOT YET
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total: _____