

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

**Screening for child age newborn – 11 months** Age \_\_\_\_\_ months

<b>Breast Milk</b>	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
Vitamin D Supplement	Yes		No				

<b>Formula</b>	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			

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

<b>Well Infant</b>	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					

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

# 6 Month Questionnaire

Child's name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Child's date of birth: \_\_\_\_\_

## COMMUNICATION

	YES	SOMETIMES	NOT YET
1. Does your baby make high-pitched squeals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. When playing with sounds, does your baby make grunting, growling or other deep-toned sounds?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. If you call your baby when you are out of sight, does she look in the direction of your voice??	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. When a loud noise occurs, does your baby turn to see where the sound came from?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Does your baby make sounds like "da", "ga", "ka" and "ba"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. If you copy the sounds your baby makes, does your baby repeat the same sounds back to 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 your baby lift his legs high enough to see his feet?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. When your baby is on her tummy, does she straighten both arms and push her whole chest off the bed or floor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Does your baby roll from his back to his tummy, getting both arms out from under him?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. When you put your baby on the floor, does she lean on her hands while sitting? <i>(If she already sits up straight without leaning on her hands, mark "Yes" for this item.)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. If you hold both hands just to balance your baby, does he support his own weight while standing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Does your baby get into a crawling position by getting up on her hands and knees?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Total: \_\_\_\_\_

OVER

## FINE MOTOR

- |  | YES                   | SOMETIMES             | NOT YET               |
|--|-----------------------|-----------------------|-----------------------|
| 1. Does your baby grab a toy you offer and look at it, wave it about, or chew on it for about 1 minute?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Does your baby reach for or grasp a toy using both hands at once?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Does your baby reach for a crumb or Cheerio and touch it with his finger or hand? (If he already picks up a small object the size of a pea, mark "yes" for this item?)  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Does your baby pick up a small toy, holding it in the center of her hand with her fingers around it?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Does your baby try to pick up a crumb or Cheerio by using his thumb and all of his fingers in a raking motion, even if he isn't able to pick it up (If he already picks up the crumb or Cheerio, mark "yes" for this item.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Does your baby pick up a small toy with only one hand?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Total: \_\_\_\_\_

## PERSONAL-SOCIAL

- |  | YES                   | SOMETIMES             | NOT YET               |
|--|-----------------------|-----------------------|-----------------------|
| 1. When in front of a large mirror, does your baby smile or coo at herself?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Does your baby act differently toward strangers than he does with you and other familiar people? (Reactions to strangers may include staring, frowning, withdrawing or crying.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. While lying on her back, does your baby play by grabbing her foot?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. When in front of a large mirror, does your baby reach out to pat the mirror??   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. While your baby is on his back, does he put his foot in his mouth?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Does your baby try to get a toy that is out of reach? (She may roll, pivot on her tummy, or crawl to get it.)   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Total: \_\_\_\_\_