

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		Other		
		6 hours	8 hours	On Demand					
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:	

# 9 Month Questionnaire

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

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

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

## COMMUNICATION

- |  | YES                   | SOMETIMES             | NOT YET               |
|--|-----------------------|-----------------------|-----------------------|
| 1. Does your baby make sounds like "da", "ga", "ka" and "ba"?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. If you copy the same sound your baby makes, does your baby repeat the same sound back to you?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Does your baby make similar sounds like "ba-ba", "da-da" or "ga-ga"? (Note: The sounds do not need to mean anything)  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. If you ask your baby to, does he play at least one nursery game even if you don't show him the activity yourself? (For example, "bye-bye", "peek-a-boo", "clap your hands" or "so big". | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Does your baby follow one simple command, such as "come here", "give it to me" or "put it back" without using gestures?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Does your baby say three words, such as "Mama", "Dada" and "baba"? (Note: A "word" is a sound or sounds your baby says consistently to mean someone or something)                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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





## GROSS MOTOR

- |  | YES                   | SOMETIMES             | NOT YET               |
|--|-----------------------|-----------------------|-----------------------|
| 1. If you hold both hands just to balance your baby, does he support his own weight?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. When sitting on the floor, does your baby sit up straight for several minutes without using his hands for support?                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. When you stand your baby next to furniture or the crib rail, does he hold on without leaning his chest against the furniture for support? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. While holding onto furniture, does your baby bend down and pick up a toy from the floor and then return to a standing position?           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. While holding onto furniture, does your baby lower himself with control? (Without falling or flopping down?)                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Does your baby walk beside furniture while holding on with only one hand?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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

OVER

## FINE MOTOR

		YES	SOMETIMES	NOT YET
1. Does your baby pick up a small toy with only one hand?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Does your baby successfully pick up a crumb or Cheerio by using her thumb and all of her fingers in a raking motion? (Note: If she already picks up a crumb or Cheerio, mark yes for this item.)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Does your baby try to pick up a crumb or Cheerio by using her thumb and all of her fingers in a raking motion, even if she isn't able to pick it up? (If she already picks up a crumb or Cheerio, mark "yes" for this item.)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. After one or two tries, does your baby pick up a piece of string with her first finger and thumb? (Note: The string may be attached to a toy)?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Does your baby pick up a crumb or Cheerio with the tips of her thumb and finger? (Note: He may rest his arm or hand on the table while doing it)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Does your baby put down a small toy down, without dropping it, and take her hand off the toy?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

## PERSONAL-SOCIAL

	YES	SOMETIMES	NOT YET
1. While your baby is on her back, does she put her foot in her mouth?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Does your baby drink water, juice or formula from a cup while you hold it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Does your baby feed herself a cracker or a cookie?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. When you hold out your hand and ask for her toy, does your baby offer it to you even if she doesn't let go of it? (Note: if she already let go of the toy into your hand, mark "yes" for this item")	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. When you dress your baby, does she push her arm through a sleeve once her arm is started in the hold of sleeve?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. When you hold out your hand and ask for her toy, does your baby let go of it into your hand?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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