

AVON PEDIATRICS – 317-272-7887
Dr. Kerry Hensley, M.D.

Developmental Questionnaire

Patient Name: _____ **Date of Birth:** _____

9 Month Checkup

- _____ 1. Does your child get from a lying down to a sitting position on his/her own?
- _____ 2. Does your child crawl on his/her hands and knees?
- _____ 3. Does your child pull up on furniture to a standing position?
- _____ 4. Does your child point and poke at things with his/her index finger?
- _____ 5. If you ask your child for a toy, will he/she release it into your hand?
- _____ 6. Does your child look for toys that have been dropped or rolled out of sight?
- _____ 7. Does your child get upset when a stranger comes into the room? Does he/she show a strong preference for one individual (usually his mother)?
- _____ 8. Does your child wave bye, bye or play “pat a cake” or “so big”?
- _____ 9. Does your child respond to household sounds: washing machine, spoon rattling in a cup, footsteps from behind, running water, etc.?
- _____ 10. Does your child respond to his/her name by looking at the speaker?
- _____ 11. Does your child imitate speech sounds: smacking lips, tongue clicks, coughs, etc.?
- _____ 12. Does your child say either “Mama” or “Dadda”, (may not always associate this with the parent)?

Date completed: _____ **Completed by:** _____ **Relationship to patient:** _____

12 Month Checkup

- _____ 1. Does your child pull up to a standing position and take a few steps holding onto the furniture?
- _____ 2. Does your child crawl on all fours?
- _____ 3. Does your child pick up small objects using only his/her thumb and index finger?
- _____ 4. If your child hands you an object, will he/she release it into your hand at your request?
- _____ 5. Is your child beginning to use some objects appropriately: drink from a cup, stirs with spoon, motions to hair with comb, etc.?
- _____ 6. Does your child look in the correct place for toys that have been dropped or rolled out of sight?
- _____ 7. Does your child respond to household sounds: washing machine, spoon rattling in a cup, footsteps from behind, running water?
- _____ 8. Does your child understand and respond to words like “bye bye”, “bottle”, or “no no”?
- _____ 9. Does your child understand several words, including family names and familiar objects or actions (cookie, eat, drink, bottle, grandma)?
- _____ 10. Does your child follow simple commands associated with gestures: mother points to object and then to herself and says “Give it to me”?
- _____ 11. Does your child say either “mama or “dada” (may not always associate this with the parent)?
- _____ 12. Does your child imitate speech sounds: smacking lips, tongue clicks, coughs, etc.?
- _____ 13. Does your child jabber with expression and inflection in his/her voice?
- _____ 14. Does your child indicate what he/she wants by pointing, pulling, or saying unintelligible word?

Date completed: _____ **Completed by:** _____ **Relationship to patient:** _____