

AVON PEDIATRICS – 317-272-7887

Dr. Kerry Hensley, M.D.

Developmental Questionnaire

Patient Name: _____ Date of Birth: _____

2 Month Checkup

- _____ 1. When lying on his/her stomach, does your child lift his/her face and chin above the surface?
- _____ 2. Does your child follow nearby moving objects from side to side?
- _____ 3. Does your child startle in response to loud noises?
- _____ 4. Does your child smile at you?
- _____ 5. Does your child make sounds when he/she's happy and content, such as "Ahhh" or "Goo"?

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

4 Month Checkup

- _____ 1. When lying on his/her stomach, does your child push up on his/her forearms?
- _____ 2. When you hold your child upright, does he/she push his/her feet down, as if trying to stand?
- _____ 3. Does he/she reach out for toys? Does he/she grasp them and put them in his/her mouth?
- _____ 4. Does your child follow moving objects up over his/her head?
- _____ 5. Does your child respond to loud noises?
- _____ 6. Does your child make sounds when he/she's happy and content, such as "Ahhh" or "Goo"?
- _____ 7. Does your child squeal or laugh out loud?
- _____ 8. When you talk to your child, does he/she respond by making sounds back at you?

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

6 Month Checkup

- _____ 1. Does your child roll over both front to back and back to front?
- _____ 2. Does your child sit up alone for a brief time?
- _____ 3. When you hold your child upright, does he/she push his/her feet down as if trying to stand up?
- _____ 4. Does your child reach out and grab toys?
- _____ 5. Does your child pass a toy from one hand to the other?
- _____ 6. Does your child attempt to pick up small objects, such as a raisin or a bead, by raking over it with his/her palm?
- _____ 7. Does your child smile or stop crying when he/she hears his/her mother's voice?
- _____ 8. Does your child turn his/her head and eyes in search of sounds that come from behind or to the side?
- _____ 9. Does your child respond to his/her name by looking at the speaker?
- _____ 10. Does your child express different cries for different emotions (angry cry, hungry cry, discomfort cry)?
- _____ 11. Does your child react in a positive way to the sight of favorite toys (by kicking, waving arms, facial expressions)?
- _____ 12. Does your child make sounds when he/she is happy and content, such as "Ahhh", "Maahh", "muh"?

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