

**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: \_\_\_\_\_