

9 Month Questionnaire

9 months 0 days through 9 months 30 days

On the following pages are questions about activities babies may do. Your baby may have already done some of the activities described here, and there may be some your baby has not begun doing yet. For each item, please fill in the circle that indicates whether your baby is doing the activity regularly, sometimes, or not yet.

	Important Points to Remember:	Notes:				
	☑ Try each activity with your baby before marking a response.					
	✓ Make completing this questionnaire a game that is fun for you and your baby.	-				
	✓ Make sure your baby is rested and fed.	::			-	
	Please return this questionnaire by	-				
C	COMMUNICATION		YES	SOMETIMES	NOT YET	
1.	. Does your baby make sounds like "da," "ga," "ka," and "ba"?		\bigcirc	\bigcirc	\bigcirc	
2.	. If you copy the sounds your baby makes, does your baby repe- same sounds back to you?	at the	0	\circ	\circ	
3.	. Does your baby make two similar sounds like "ba-ba," "da-da, "ga-ga"? (The sounds do not need to mean anything.)	" or	0	\circ	\bigcirc	
4.	. If you ask your baby to, does he play at least one nursery game you don't show him the activity yourself (such as "bye-bye," "F boo," "clap your hands," "So Big")?		0	0	0	-
	Does your baby follow one simple command, such as "Come had "Give it to me," or "Put it back," without your using gestures?		\bigcirc	\circ	\bigcirc	
6.	Does your baby say three words, such as "Mama," "Dada," an "Baba"? (A "word" is a sound or sounds your baby says consis		\bigcirc	\circ	\bigcirc	
	mean someone or something.)			COMMUNICATIO	N TOTAL	
G	GROSS MOTOR		YES	SOMETIMES	NOT YET	
1.	If you hold both hands just to balance your baby, does she support her own weight while standing?		0	0	0	
2.	When sitting on the floor, does your baby sit up straight for several minutes without using his hands for support?		0	0		•——

GROSS MOTOR (continued)		YES	SOMETIMES	NOT YET	
3.	When you stand your baby next to furniture or the crib rail, does she hold on without leaning her chest against the furniture for support?	0	0	0	
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?	0	0	0	
5,	While holding onto furniture, does your baby lower himself with control (without falling or flopping down)?	\circ	\circ	\circ	
6.	Does your baby walk beside furniture while holding on with only one hand?	\bigcirc	\bigcirc	\circ	
			GROSS MOTOR TOTAL		· ************ ************************
FI	INE MOTOR	YES	SOMETIMES	NOT YET	
1.	Does your baby pick up a small toy with only one hand?	\circ	\circ	\circ	
2.	Does your baby successfully pick up a crumb or Cheerio by using her thumb and all of her fingers in a raking motion? (If she already picks up a crumb or Cheerio, mark "yes" for this item.)	\circ	0	0	
3.	Does your baby pick up a small toy with the tips of his thumb and fingers? (You should see a space between the toy and his palm.)	0	\circ	0	
4.	After one or two tries, does your baby pick up a piece of string with her first finger and thumb? (The string may be attached to a toy.)	0	0	0	
5.	Does your baby pick up a crumb or Cheerio with the tips of his thumb and a finger? He may rest his arm or hand on the table while doing it.	0	0	\circ	*
6.	Does your baby put a small toy down, without dropping it, and then take her hand off the toy?	\circ	0		_
			FINE MOTOR TOTAL		

*If Fine Motor Item 5 is marked "yes" or "sometimes," mark Fine Motor Item 2 "yes."

OVERALL

arents and providers may use the space below for additional comments.		
. Does your baby use both hands and both legs equally well? If no, explain:	YES	O NO
When you help your baby stand, are his feet flat on the surface most of the time? If no, explain:	YES	O NO
Do you have concerns that your baby is too quiet or does not make sounds like other babies? If yes, explain:	YES	O NO
Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain:	YES	O NO
Do you have concerns about your baby's vision? If yes, explain:	YES	O NO
Has your baby had any medical problems in the last several months? If yes, explain:	YES	O NO
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OVERALL (continued)			
7. Do you have any concerns about your baby's behavior? If yes, explain:	○ YES ○ N	10	
8. Does anything about your baby worry you? If yes, explain:	O yes O N	0	