

9 Month Pre-Visit Questionnaire

Instructions: Please answer the questions below about your child by circling or putting an X on the correct choice. These questions help us assess the health, development, and safety of your child.

General Health

1. Do you have any concerns about your child's health?	NO	YES
2. Any problems with previous immunizations?	NO	YES

Feeding/Nutrition

3. Is your child breastfeeding well?	YES	NO
a. How often?		
b. For how long?		
4. Is your child taking formula well?	YES	NO
a. How often?		
b. How many ounces?		
c. Which formula?		
5. Is your child getting three meals of solid foods per day?	YES	NO
6. Is your baby trying to feed him or herself?	YES	NO
7. Can your baby drink from a sippy cup?	YES	NO
8. Does your child drink juice or other sweetened drinks?	NO	YES
9. Are you giving any vitamins or supplements?	YES	NO

Oral Health

10. Are cavities a problem for you or anyone in your family?	NO	YES
11. Does your child sleep with a bottle?	NO	YES
12. Does your child breast or bottle-feed in the night?	NO	YES
13. Are you using a soft toothbrush or cloth to clean your baby's teeth?	YES	NO
14. Does your water contain fluoride or is your child on a fluoride supplement?	YES	NO

Elimination

15. Problems with bowel movements (poop)?	NO	YES
16. Concerns about urination (pee)?	NO	YES

Activity/Exercise/Screen time

17. Does your baby watch TV?	NO	YES
18. Do you read to your baby every day?	YES	NO
19. Does your baby get supervised floor time every day?	YES	NO

Sleep

20. Sleeps at least six to eight hours at a time?	YES	NO
21. Baby goes to sleep by him or herself?	YES	NO
22. Do you have a bedtime routine?	YES	NO

Social Stressors

23. Are you able to take some time for yourself?	YES	NO
24. Any major changes or stresses in your family recently?	NO	YES
25. Do you ever worry your family will go hungry?	NO	YES
26. Do you have daycare concerns?	NO	YES
27. Has your partner ever hurt you or your baby?	NO	YES

Development

28. Crows, squeals, babbles, and imitates speech?	YES	NO
29. Makes sounds such as "mama" and "dada" (nonspecific)?	YES	NO
30. Moving all extremities well?	YES	NO
31. Explores objects by shaking, banging, or throwing?	YES	NO
32. Tries to pick up objects with thumb and finger (pincer)?	YES	NO
33. Sits well?	YES	NO
34. Crawls, creeps, or scoots on bottom?	YES	NO
35. Pulls to a standing position?	YES	NO
36. Looks for something that has been dropped?	YES	NO
37. Goes to you to play and be comforted?	YES	NO
38. Plays peek-a-boo?	YES	NO
39. Looks at books?	YES	NO

Lead

40. Regularly in a house built before 1978?	NO	YES
a. Any peeling or chipping paint?	NO	YES
b. Any recent, ongoing or planned remodeling?	NO	YES
41. Has a sibling or playmate who ever had lead poisoning?	NO	YES

Safety

42. Do you always stay close enough to touch baby when he or she is in the bath?	YES	NO
43. Keep furniture away from windows or use window guards?	YES	NO
44. Does baby wear any jewelry (including necklaces)?	NO	YES
45. Is infant exposed to anyone who smokes?	NO	YES
46. Is there a gun in the home? a. Is it locked or in a safe?	NO	YES
47. Home has working smoke detectors and carbon monoxide detectors?	YES	NO
48. Do you ever hold or carry hot liquids around the baby?	NO	YES
49. Do you keep plastic bags and balloons away from baby?	YES	NO
50. Infant rides in a rear-facing safety seat, in the back seat?	YES	NO
51. Water heater turned to below 120 degrees?	YES	NO
52. Barriers around space heaters, wood stoves, etc.?	YES	NO
53. Household cleaners, other chemicals, and medicines locked up?	YES	NO
54. Do you have the number for Poison Control?	YES	NO
55. Does your baby use an infant walker?	NO	YES
56. Do you use sunscreen if in the sun more than 10 minutes?	YES	NO

Tuberculosis

57. Has a family member or contact had tuberculosis disease?	NO	YES
58. Has a family member had a positive TB skin test (PPD)?	NO	YES
59. Was your child born in a high-risk country (countries other than the U.S., Canada, Australia, or Western Europe)?	NO	YES
60. Has your child traveled to a high-risk country for more than a week?	NO	YES

Review of Systems

61. Any concerns about your baby's hearing?	NO	YES
62. Any concerns about your baby's vision?	NO	YES
63. Does your baby ever appear cross-eyed?	NO	YES