



V1.08, 9/1/19



Child's Name:

Birth Date:

Today's Date:

DEVELOPMENTAL MILESTONES

Most children at this age will be able to do some (but not all) of the developmental tasks listed below. Please tell us how much your child is doing each of these things. PLEASE BE SURE TO ANSWER ALL THE QUESTIONS.

| Not Yet | Somewhat | Very Much |
|---|----------|-----------|
| Makes sounds that let you know he or she is happy or upset $~\cdot~~\cdot~~\odot$ | 1 | 2 |
| Seems happy to see you \cdot | 1 | 2 |
| Follows a moving toy with his or her eyes $\cdot\cdot\cdot\cdot\cdot\cdot\cdot\circ\circ\circ\circ\circ\circ$ | 1 | 2 |
| Turns head to find the person who is talking $\cdot\cdot\cdot\cdot\cdot\cdot\cdot\circ\circ\circ\circ\circ\circ$ | 1 | 2 |
| Holds head steady when being pulled up to a sitting position $~\cdot~~\cdot~~\odot$ | 1 | 2 |
| Brings hands together \cdot | 1 | 2 |
| Laughs · · · · · · · · · · · · · · · · · · · | 1 | 2 |
| Keeps head steady when held in a sitting position $\cdot\cdot\cdot\cdot\cdot\circ\circ\circ\circ\circ\circ\circ\circ$ | 1 | 2 |
| Makes sounds like "ga," "ma," or "ba" · · · · · · · · · · · · · · · · · · · | 1 | 2 |
| Looks when you call his or her name \cdot | 1 | 2 |

BABY PEDIATRIC SYMPTOM CHECKLIST (BPSC)

These questions are about your child's behavior. Think about what you would expect of other children the same age, and tell us how much each statement applies to your child.

| Not at all | Somewhat | Very Much |
|---|----------|-----------|
| Does your child have a hard time being with new people? \cdot \cdot \cdot \cdot \odot | 1 | 2 |
| Does your child have a hard time in new places? \cdot \cdot \cdot \cdot \cdot \cdot \circ \odot | 1 | 2 |
| Does your child have a hard time with change? $\cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \circ \odot$ | 1 | 2 |
| Does your child mind being held by other people? \cdot \cdot \cdot \cdot \cdot \cdot \circ \odot | 1 | 2 |
| | | |
| Does your child cry a lot? \cdot | 1 | 2 |
| Does your child have a hard time calming down? \cdot \cdot \cdot \cdot \cdot \cdot \circ \odot | 1 | 2 |
| Is your child fussy or irritable? \cdot | 1 | 2 |
| Is it hard to comfort your child? \cdot | 1 | 2 |
| | | |
| Is it hard to keep your child on a schedule or routine? $\cdot \cdot \cdot \cdot \cdot \circ \circ$ | 1 | 2 |
| Is it hard to put your child to sleep? $\cdot \cdot \circ \circ \circ \circ \circ \circ \circ \circ $ | 1 | 2 |
| Is it hard to get enough sleep because of your child? $\cdot \cdot \cdot \cdot \cdot \circ \odot$ | 1 | 2 |
| Does your child have trouble staying asleep? $\cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \circ $ | 1 | 2 |
| | | |

