

6 Months

Does the child have any medical problems?

yes no If yes, please

list _____

Has the child had any surgeries? yes no
If yes, please list type

Is there a family history of illness or disease? Immediate family only. yes no
If yes, please list

Who lives in the home with the child?

Does anyone in the home smoke? yes no

Is the child taking any medications on a daily basis? yes no If yes, please list all medications _____

Is the child allergic to any medication?

yes no If so, what?

Please list birth history:

Hospital _____

Delivery type: vaginal C-section

Full-term? yes no How many weeks were you when child was born? _____

Birth weight? _____

Inches? _____

Did child pass hearing screen? yes no

Did child receive Hep B vaccine? yes no

Any problems at delivery? yes no If yes, please list _____

Excessive sun exposure? yes no

Does child use a car seat? yes no

Is the home child proofed? yes no

Fire extinguishers? yes no

Smoke detectors? yes no

Any guns in the home? yes no

Any pets in the home? yes no If yes, what kind?

Any concerns with hearing? yes no

Any concerns with vision? yes no

Any problems since last visit? yes no

ER visits? yes no

6 Month Questionnaire

Please check all the boxes that apply

Using Cup:

- uses cup
- uses bottle only
- uses both bottle and cup

Feeding:

- Breast feeding
 - Formula feeding
 - Early introduction of solid baby food
 - Spitting up after feeding
 - Supplemental feeding after breast
 - Pumping and bottle
- Feeding

Breast feeding:

- Well
- Poorly
- < 10 mins
- 10 mins
- 15 mins
- 20 mins

Formula:

- Similac
- Enfamil
- Gerber Good Start

Bottle Feeding Volume:

- 1 oz 5 oz
- 2 oz 6 oz
- 3 oz 7 oz
- 4 oz 8 oz or more

Feeding Frequency:

- Every hour
- Every 2 hours
- Every 3 hours
- Every 4 hours
- Every 5 or more hours

Juice:

- no juice
- drinks juice
- 4 oz/day
- 6 oz/day
- 8 oz/day
- 10 oz/day

Solids:

- no solids
- cereal
- vegetables
- fruits
- meats
- no reactions
- reactions

Elimination Stool:

- regular
- irregular
- soft BM
- Hard BM
- Constipation
- Diarrhea
- Lots of gas

Elimination Urine:

- Urinating normal
- Trouble urinating

Sleep/Position:

- through night
 - wakes to feed
 - wakes once
 - wakes twice
 - wakes >3 times
 - Parent's room
 - Infant's room
-

Temperament:

- Happy
- Fussy
- Easy
- Demanding
- Fussy but consolable

Gross Motor Assessment:

- sits briefly
- rolls back to front
- stands holding on
- no headlag when pulls to sit

Fine Motor Assessment:

- reaches for objects
- transfers toy hand to hand
- feeds self a cracker

Communication:

- babbles
- turns to voice
- imitates sounds

Social:

- feeds self
- works for a toy
- shy with strangers