

Please read each question carefully and

1. Check the box that best describes your child's behavior *and*
2. Check the circle if this behavior is a concern

MOST
OF THE
TIME

SOMETIMES

RARELY
OR
NEVER

CHECK IF
THIS IS A
CONCERN

1. Does your baby laugh or smile at you and other family members?



z

v

x

2. Does your baby look for you when a stranger approaches?

z

v

x

3. Does your baby like to play near and be with family members and friends?

z

v

x

4. Does your baby like to be picked up and held?

z

v

x

5. When upset, can your baby calm down within a half hour?

z

v

x

6. Does your baby stiffen and arch her back when picked up?

x

v

z

7. Does your baby like to play games like Peekaboo?



z

v

x

8. Is your baby's body relaxed?

z

v

x

9. Does your baby cry, scream, or have tantrums for long periods of time?

x

v

z

TOTAL POINTS ON PAGE _____

MOST
OF THE
TIME

SOMETIMES

RARELY
OR
NEVER

CHECK IF
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CONCERN

10. Is your baby able to calm himself down (for example, by sucking on his hand or a pacifier)?



z

v

x

11. Is your baby interested in things around her, such as people, toys, and foods?

z

v

x

12. Does it take longer than 30 minutes to feed your baby?

x

v

z

13. Do you and your baby enjoy mealtimes together?

z

v

x

14. Does your baby have any eating problems, such as gagging, vomiting, or _____ ?
(You may write in another problem.)

x

v

z

15. Does your baby have trouble falling asleep at naptime or at night?

x

v

z

16. Does your baby make babbling sounds? For example, does he put sounds together, like "ba-ba-ba-ba" or "na-na-na-na"? (If your child often babbles, mark "most of the time.")

z

v

x

17. Does your baby sleep at least 10 hours in a 24-hour period?



z

v

x

TOTAL POINTS ON PAGE ____

	MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
18. Does your baby get constipated or have diarrhea?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
19. Does your baby let you know when she is hungry, hurt, or tired?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
20. When you talk to your baby, does he turn his head, look, or smile?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
21. Does your baby try to hurt other children, adults, or animals (for example, by kicking or biting)?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
22. Has anyone expressed concerns about your baby's behaviors? If you checked "sometimes" or "most of the time," please explain:	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
<hr/> <hr/> <hr/> <hr/>				
23. Do you have concerns about your baby's eating or sleeping behaviors? If so, please explain:	<hr/> <hr/> <hr/> <hr/>			

TOTAL POINTS ON PAGE ____

24. Is there anything that worries you about your baby? If so, please explain:

25. What things do you enjoy most about your baby?
