



9 Month Health Maintenance Questionnaire

Patient Name _____

Who accompanied child today?
(name and relationship to child)

Who does child live with?

Any Chronic health problems?

Concerns about the above health problems?

New or recent health concerns?

Feedings:

Have any table foods been started?

Type of feedings? (circle)

Breast or Bottle

If Formula feeding:

Brand of Formula used?

Approximate ounces per day?

Any overall concerns regarding feedings?

Any concerns with stooling or urination?

If you do not understand any of these questions, please ask your nurse.

Sleep pattern:

Average number hours of sleep in 24 hours? _____

Frequency of nighttime awakenings? _____

Number of naps? _____

Length of naps? _____

Where does your child sleep? _____

Are there any smokers in the household? _____

Please list current medications: _____

Any allergies to medicine? _____

Does your baby:

Sit up well? Yes No

Stand while holding on? Yes No

Pull self up to stand? Yes No

Crawl or creep on hands? Yes No

Partially finger-feed him/herself Yes No

Transfer an object from hand to hand? Yes No

If you do not understand any of these questions, please ask your nurse.



CSBS DP Infant-Toddler Checklist

Child's name: _____ Date of birth: _____ Date filled out: _____

Was birth premature? _____ If yes, how many weeks premature? _____

Filled out by: _____ Relationship to child: _____

Instructions for caregivers: This Checklist is designed to identify different aspects of development in infants and toddlers. Many behaviors that develop before children talk may indicate whether or not a child will have difficulty learning to talk. This Checklist should be completed by a caregiver when the child is between **6 and 24 months of age** to determine whether a referral for an evaluation is needed. The caregiver may be either a parent or another person who nurtures the child daily. Please check all the choices that best describe your child's behavior. If you are not sure, please choose the closest response based on your experience. **Children at your child's age are not necessarily expected to use all the behaviors listed.**

Emotion and Eye Gaze

- 1. Do you know when your child is happy and when your child is upset? Not Yet Sometimes Often
- 2. When your child plays with toys, does he/she look at you to see if you are watching? Not Yet Sometimes Often
- 3. Does your child smile or laugh while looking at you? Not Yet Sometimes Often
- 4. When you look at and point to a toy across the room, does your child look at it? Not Yet Sometimes Often

Communication

- 5. Does your child let you know that he/she needs help or wants an object out of reach? Not Yet Sometimes Often
- 6. When you are not paying attention to your child, does he/she try to get your attention? Not Yet Sometimes Often
- 7. Does your child do things just to get you to laugh? Not Yet Sometimes Often
- 8. Does your child try to get you to notice interesting objects—just to get you to look at the objects, not to get you to do anything with them? Not Yet Sometimes Often

Gestures

- 9. Does your child pick up objects and give them to you? Not Yet Sometimes Often
- 10. Does your child show objects to you without giving you the object? Not Yet Sometimes Often
- 11. Does your child wave to greet people? Not Yet Sometimes Often
- 12. Does your child point to objects? Not Yet Sometimes Often
- 13. Does your child nod his/her head to indicate yes? Not Yet Sometimes Often

Sounds

- 14. Does your child use sounds or words to get attention or help? Not Yet Sometimes Often
- 15. Does your child string sounds together, such as *uh oh, mama, gaga, bye bye, bada*? Not Yet Sometimes Often
- 16. About how many of the following consonant sounds does your child use:
ma, na, ba, da, ga, wa, la, ya, sa, sha? None 1-2 3-4 5-8 over 8

Words

- 17. About how many different words does your child use meaningfully that you recognize (such as *baba* for bottle; *gaggie* for doggie)? None 1-3 4-10 11-30 over 30
- 18. Does your child put two words together (for example, *more cookie, bye bye Daddy*)? Not Yet Sometimes Often

Understanding

- 19. When you call your child's name, does he/she respond by looking or turning toward you? Not Yet Sometimes Often
- 20. About how many different words or phrases does your child understand without gestures? For example, if you say "where's your tummy," "where's Daddy," "give me the ball," or "come here," without showing or pointing, your child will respond appropriately. None 1-3 4-10 11-30 over 30

Object Use

- 21. Does your child show interest in playing with a variety of objects? Not Yet Sometimes Often
- 22. About how many of the following objects does your child use appropriately: cup, bottle, bowl, spoon, comb or brush, toothbrush, washcloth, ball, toy vehicle, toy telephone? None 1-2 3-4 5-8 over 8
- 23. About how many blocks (or rings) does your child stack? **Stacks** None 2 blocks 3-4 blocks 5 or more
- 24. Does your child pretend to play with toys (for example, feed a stuffed animal, put a doll to sleep, put an animal figure in a vehicle)? Not Yet Sometimes Often

Do you have any concerns about your child's development? yes no **If yes, please describe on back.**



CSBS DP Infant-Toddler Checklist: Screening Report

Child's name: _____ Date filled out: _____

Date of birth: _____

Chronological age¹: _____

¹If child is 4 or more weeks premature, use corrected age. Calculate chronological age by subtracting Date of birth from Date the Checklist was filled out.

Checklist Results

Predictor	Raw Score	Standard Score ^{a,b}	Percentile Rank ^b	Concern ^c
Emotion and Eye Gaze				
Communication				
Gestures				
SOCIAL COMPOSITE				
Sounds				
Words				
SPEECH COMPOSITE				
Understanding				
Object Use				
SYMBOLIC COMPOSITE				
TOTAL				

^a The standard scores are based on a mean of 10 and SD of 3 for the Composite Scores and a mean of 100 and SD of 15 for the Total Score. (Refer to the *CSBS DP Manual, First Normed Edition*, for standard scores and tables of norms.)

^b Criterion levels for concern are set at more than 1.25 SD below the mean as follows: Standard Scores at or below 6 for the Composite Scores and 81 for the Total Score; Percentiles at or below 10. (Refer to the *CSBS DP Manual, First Normed Edition*, for standard scores, percentiles, and tables of norms.)

^c After filling in Standard Score and Percentile Rank, if below criterion level, write Yes in the Concern box. If at or above criterion level, leave blank. A child should be referred for an evaluation if the Social Composite, Symbolic Composite, or the Total Score is below criterion level. A child should be monitored carefully if the Speech Composite is below criterion level; administer a Checklist again in 3 months, and if the child's scores remain below criterion level, refer for a developmental evaluation.

Recommendation

Based on the information provided on the Infant-Toddler Checklist and the results shown above, the following recommendation is made at this time (check one):

- This child currently communicates as expected for his or her age. Because new skills are emerging each month, it is important to monitor this child's development by asking the child's caregiver to complete the Checklist again in 3 months.
- This child should be carefully monitored. Re-administer the Checklist in 3 months to determine if a developmental evaluation will become advisable.
- This child should be referred for a developmental evaluation.



Cut-off Scores for the CSBS DP Infant-Toddler Checklist

		COMPOSITES			TOTAL
		Social	Speech	Symbolic	
6 months	No Concern	8 to 26	2 to 14	3 to 17	13 to 57
	Concern	0 to 7	0 to 1	0 to 2	0 to 12
7 months	No Concern	8 to 26	2 to 14	3 to 17	14 to 57
	Concern	0 to 7	0 to 1	0 to 2	0 to 13
8 months	No Concern	8 to 26	4 to 14	4 to 17	16 to 57
	Concern	0 to 7	0 to 3	0 to 3	0 to 15
9 months	No Concern	9 to 26	4 to 14	4 to 17	18 to 57
	Concern	0 to 8	0 to 3	0 to 3	0 to 17
10 months	No Concern	12 to 26	5 to 14	5 to 17	23 to 57
	Concern	0 to 11	0 to 4	0 to 4	0 to 22
11 months	No Concern	13 to 26	5 to 14	6 to 17	25 to 57
	Concern	0 to 12	0 to 4	0 to 5	0 to 24
12 months	No Concern	14 to 26	6 to 14	7 to 17	28 to 57
	Concern	0 to 13	0 to 5	0 to 6	0 to 27
13 months	No Concern	15 to 26	6 to 14	8 to 17	29 to 57
	Concern	0 to 14	0 to 5	0 to 7	0 to 28
14 months	No Concern	16 to 26	7 to 14	9 to 17	33 to 57
	Concern	0 to 15	0 to 6	0 to 8	0 to 32
15 months	No Concern	18 to 26	7 to 14	10 to 17	35 to 57
	Concern	0 to 17	0 to 6	0 to 9	0 to 34
16 months	No Concern	18 to 26	7 to 14	11 to 17	36 to 57
	Concern	0 to 17	0 to 6	0 to 10	0 to 35
17 months	No Concern	18 to 26	7 to 14	11 to 17	37 to 57
	Concern	0 to 17	0 to 6	0 to 10	0 to 36
18 months	No Concern	18 to 26	8 to 14	11 to 17	38 to 57
	Concern	0 to 17	0 to 7	0 to 10	0 to 37
19 months	No Concern	18 to 26	8 to 14	11 to 17	38 to 57
	Concern	0 to 17	0 to 7	0 to 10	0 to 37
20 months	No Concern	19 to 26	8 to 14	12 to 17	39 to 57
	Concern	0 to 18	0 to 7	0 to 11	0 to 38
21 months	No Concern	19 to 26	9 to 14	12 to 17	40 to 57
	Concern	0 to 18	0 to 8	0 to 11	0 to 39
22 months	No Concern	19 to 26	9 to 14	12 to 17	40 to 57
	Concern	0 to 18	0 to 8	0 to 11	0 to 39
23 months	No Concern	19 to 26	9 to 14	13 to 17	42 to 57
	Concern	0 to 18	0 to 8	0 to 12	0 to 41
24 months	No Concern	19 to 26	10 to 14	13 to 17	42 to 57
	Concern	0 to 18	0 to 9	0 to 12	0 to 41
		Social	Speech	Symbolic	TOTAL