

# Well Child Check: 9 Month Visit



Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Please answer the following questions. It will help your clinicians spend more time discussing those specific issues that concern you. PLEASE FILL OUT ALL PAGES.

Does your child sit without support?	YES	NO	UNSURE			
Can your child get him/herself up to stand?	YES	NO	UNSURE			
Does your child take steps holding onto furniture?	YES	NO	UNSURE			
Does your child pick up objects with the tips of the thumb and fingers?	YES	NO	UNSURE			
Does your child take finger foods?	YES	NO	UNSURE			
Does your child babble (talk with made up words/sounds)?	YES	NO	UNSURE			
Does your child make sounds such as "dada", "mama", or "gaga"?	YES	NO	UNSURE			
Does your child understand a few words?	YES	NO	UNSURE			
Does your child look for objects hidden or dropped out of view?	YES	NO	UNSURE			
Does your child usually drink more than 4 oz. of juice or sweetened drinks daily?	YES	NO	UNSURE			
Does your baby drink breast milk or formula?	<table border="0" style="width: 100%; text-align: center;"> <tr> <td><b>Breast Milk</b></td> <td><b>Formula</b></td> <td><b>Both</b></td> </tr> </table>			<b>Breast Milk</b>	<b>Formula</b>	<b>Both</b>
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If you are giving formula, how many ounces does your child take in 24 hours? _____ oz.						
Type of formula?						
Do you offer your child a cup or sippy cup every day?	YES	NO	UNSURE			
Does your child sleep through the night?	YES	NO	UNSURE			
Is your home child-proofed?	YES	NO	UNSURE			
Do you usually protect your child with sunscreen/hats/other measures when outdoors?	YES	NO	UNSURE			
Do you have any other safety concerns at your home? If so, what you are your concerns?						

Over the past two weeks, has mom ever felt down, depressed, or hopeless?	YES	NO	UNSURE
Over the past two weeks, has mom felt very little or no interest or pleasure in doing things?	YES	NO	UNSURE
Who provides daytime care for your child?			
Does your tap water contain fluoride?	YES	NO	UNSURE
Is your child on any medications or supplements including vitamins? If so, please list below:			
Do you have any international travel plans prior to you child's first birthday? If so, when and where?			