

Survey: Bright Futures 9 Month Developmental Surveillance

Description: Bright Futures parental surveillance for 9 month visit

Instructions: Please answer these questions about your growing and developing baby.

Privacy level: Any staff member

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| Does your baby use basic gestures, such as holding his/her arms out to be picked up or waving "bye-bye"? | yes no |
| Does your baby look for dropped objects? | yes no |
| Does your baby play games such as peekaboo and pat-a-cake? | yes no |
| Does your baby turn consistently when his/her name is called? | yes no |
| Does your baby say "Dada" or "Mama"? | yes no |
| Does your baby look around when you say things such as "Where's your bottle?" and "Where's your blanket?" | yes no |
| Does your baby copy sounds that you make? | yes no |
| Does your baby sit well without support? | yes no |
| Can your baby pull him/herself to a standing position? | yes no |
| Can your baby move easily between sitting and lying? | yes no |
| Can your baby crawl on hands and knees? | yes no |
| Can your baby pick up food and eat it? | yes no |
| Can your baby pick up small objects with 3 fingers and a thumb? | yes no |
| Does your baby let go of objects on purpose? | yes no |
| Does your baby bang objects together? | yes no |
| Do you have specific concerns about your baby's development, learning, or behavior? | yes no |
| If yes, please describe your concerns: | |