

## DEVELOPMENTAL QUESTIONNAIRE

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Date: \_\_\_\_\_ Age: \_\_\_\_\_

Form filled out by: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

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|---|-----|----|
| 1. If you point at something across the room, does your child look at it?   | YES | NO |
| 2. Have you ever wondered if your child might be deaf?  | YES | NO |
| 3. Does your child play pretend or make-believe?  | YES | NO |
| 4. Does your child like climbing on things?   | YES | NO |
| 5. Does your child make unusual finger movements near his or her eyes?<br>(For example, does your child wiggle his or her fingers close to his or her eyes?)                                    | YES | NO |
| 6. Does your child point with one finger to ask for something or to get help?   | YES | NO |
| 7. Does your child point with one finger to show you something interesting?   | YES | NO |
| 8. Is your child interested in other children?<br>(For example, does your child watch other children, smile at them, or go to them?)  | YES | NO |
| 9. Does your child show you things by bringing them to you or holding them up for you to see - not to get help, but just to share?  | YES | NO |
| 10. Does your child respond when you call his or her name?  | YES | NO |
| 11. When you smile at your child, does he or she smile back at you?   | YES | NO |
| 12. Does your child get upset by everyday noises?<br>(For example, does your child scream or cry to noise such as a vacuum or loud music?)  | YES | NO |
| 13. Does your child walk?   | YES | NO |
| 14. Does your child look you in the eye when you are talking to him or her, playing with him or her, or dressing him or her?  | YES | NO |
| 15. Does your child try to copy what you do?<br>(For example, wave bye-bye, clap or make a funny noise when you do)   | YES | NO |
| 16. If you turn your head to look at something, does your child look around to see what you are looking at?   | YES | NO |
| 17. Does your child try to get you to watch him or her?<br>(For example, does your child look at you for praise, or say "look" or "watch me"?)  | YES | NO |
| 18. Does your child understand when you tell him or her to do something?<br>(For example, if you don't point, can your child understand "put the book on the chair" or "bring me the blanket"?) | YES | NO |
| 19. If something new happens, does your child look at your face to see how you feel about it?   | YES | NO |
| 20. Does your child like movement activities, like being swung or bounced on your knee?   | YES | NO |

DR.: \_\_\_\_\_

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