



4 Month Questionnaire

3 months 0 days
through 4 months 30 days

On the following pages are questions about activities babies may do. Your baby may have already done some of the activities described here, and there may be some your baby has not begun doing yet. For each item, please fill in the circle that indicates whether your baby is doing the activity regularly, sometimes, or not yet.

Important Points to Remember:

- Try each activity with your baby before marking a response.
- Make completing this questionnaire a game that is fun for you and your baby.
- Make sure your baby is rested and fed.
- Please return this questionnaire by _____.

Notes:

COMMUNICATION

| | YES | SOMETIMES | NOT YET | |
|--|----------------------------------|-----------------------|-----------------------|-----|
| 1. Does your baby chuckle softly? | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 2. After you have been out of sight, does your baby smile or get excited when he sees you? | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 3. Does your baby stop crying when she hears a voice other than yours? | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 4. Does your baby make high-pitched squeals? | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 5. Does your baby laugh? | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 6. Does your baby make sounds when looking at toys or people? | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| COMMUNICATION TOTAL | | | | ___ |

GROSS MOTOR

| | YES | SOMETIMES | NOT YET | |
|---|----------------------------------|-----------------------|-----------------------|-----|
| 1. While your baby is on his back, does he move his head from side to side? | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 2. After holding her head up while on her tummy, does your baby lay her head back down on the floor, rather than let it drop or fall forward? | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 3. When your baby is on his tummy, does he hold his head up so that his chin is about 3 inches from the floor for at least 15 seconds? | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 4. When your baby is on her tummy, does she hold her head straight up, looking around? (She can rest on her arms while doing this.) | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |

