



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 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 type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
3. Does your baby stop crying when she hears a voice other than yours?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
4. Does your baby make high-pitched squeals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
5. Does your baby laugh?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
6. Does your baby make sounds when looking at toys or people?	<input 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 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 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 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 type="radio"/>	<input type="radio"/>	<input type="radio"/>	___



GROSS MOTOR *(continued)*

	YES	SOMETIMES	NOT YET	
5. When you hold him in a sitting position, does your baby hold his head steady?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
6. While your baby is on her back, does your baby bring her hands together over her chest, touching her fingers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
				GROSS MOTOR TOTAL



FINE MOTOR

	YES	SOMETIMES	NOT YET	
1. Does your baby hold his hands open or partly open (rather than in fists, as they were when he was a newborn)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
2. When you put a toy in her hand, does your baby wave it about, at least briefly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
3. Does your baby grab or scratch at his clothes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
4. When you put a toy in her hand, does your baby hold onto it for about 1 minute while looking at it, waving it about, or trying to chew it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
5. Does your baby grab or scratch his fingers on a surface in front of him, either while being held in a sitting position or when he is on his tummy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
6. When you hold your baby in a sitting position, does she reach for a toy on a table close by, even though her hand may not touch it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
				FINE MOTOR TOTAL



PROBLEM SOLVING

	YES	SOMETIMES	NOT YET	
1. When you move a toy slowly from side to side in front of your baby's face (about 10 inches away), does your baby follow the toy with his eyes, sometimes turning his head?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
2. When you move a small toy up and down slowly in front of your baby's face (about 10 inches away), does your baby follow the toy with her eyes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
3. When you hold your baby in a sitting position, does he look at a toy (about the size of a cup or rattle) that you place on the table or floor in front of him?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
4. When you put a toy in her hand, does your baby look at it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
5. When you put a toy in his hand, does your baby put the toy in his mouth?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—

PROBLEM SOLVING (continued)

6. When you dangle a toy above your baby while she is lying on her back, does your baby wave her arms toward the toy?



YES	SOMETIMES	NOT YET	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___

PROBLEM SOLVING TOTAL _____

PERSONAL-SOCIAL

1. Does your baby watch his hands?



YES	SOMETIMES	NOT YET	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___

2. When your baby has her hands together, does she play with her fingers?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
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3. When your baby sees the breast or bottle, does he seem to know he is about to be fed?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
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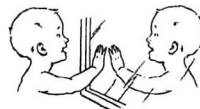
4. Does your baby help hold the bottle with both hands at once, or when nursing, does she hold the breast with her free hand?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
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5. Before you smile or talk to your baby, does he smile when he sees you nearby?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
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6. When in front of a large mirror, does your baby smile or coo at herself?



<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
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PERSONAL-SOCIAL TOTAL _____

OVERALL

Parents and providers may use the space below for additional comments.

1. Does your baby use both hands and both legs equally well? If no, explain:

YES NO

2. When you help your baby stand, are his feet flat on the surface most of the time? If no, explain:

YES NO

OVERALL *(continued)*

3. Do you have concerns that your baby is too quiet or does not make sounds like other babies? If yes, explain:

 YES NO

4. Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain:

 YES NO

5. Do you have concerns about your baby's vision? If yes, explain:

 YES NO

6. Has your baby had any medical problems in the last several months? If yes, explain:

 YES NO

7. Do you have any concerns about your baby's behavior? If yes, explain:

 YES NO

8. Does anything about your baby worry you? If yes, explain:

 YES NO



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Baby Pediatric Symptom Checklist (1-5 months)

Patient Name: _____ DOB: _____ Date: _____
 Name of person answering this form: _____ Relation to patient: _____
 Nombre de la persona llenando esta forma: _____ Relación al paciente: _____

The Pediatric Symptom Checklist is a psychosocial screen recommended by the AAP to be performed regularly. It is designed to facilitate the recognition of cognitive, emotional, and behavioral problems so that appropriate interventions can be initiated as early as possible. /La Lista de Síntomas Pediátricos es un cuestionario psicosocial recomendada por la AAP para ser realizada regularmente, diseñado para facilitar el reconocimiento de dificultades cognitivos, emocionales, y problemas de conducta para implementar intervenciones lo mas pronto posible..

<i>These questions are about your child's behavior. Think about what you would expect of other children the same age, and tell us how much each statement applies to your child.</i> / Algunas veces todos los niños lloran, gruñen o se quejan, tienen problemas al dormir o tienen problemas cuando llegan a lugares nuevos. Comparado a la mayoría de los niños/as de esta edad, usted diría que su niño hace estas cosas igual, un poco más o mucho más que otros niños de su misma edad?	Not at all/ Igual (0)	Some-what/ Un poco mas (1)	Very Much/ Mucho mas (2)
1. <i>Does your child have a hard time being with new people?</i> ¿Su niño/a tiene dificultad al estar con personas desconocidas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. <i>Does your child have a hard time in new places?</i> ¿Su niño/a tiene dificultad al estar en lugares nuevos?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. <i>Does your child have a hard time with change?</i> ¿Su niño/a tiene dificultad con los cambios?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. <i>Does your child mind being held by other people?</i> ¿A su niño/a le molesta que lo carguen otras personas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total			/3
5. <i>Does your child cry a lot?</i> ¿Su niño/a llora mucho?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. <i>Does your child have a hard time calming down?</i> ¿Su niño/a tiene dificultad para calmarse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. <i>Is your child fussy or irritable?</i> ¿Su niño/a se enoja fácilmente o se irrita?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. <i>Is it hard to comfort your child?</i> ¿Su niño/a es difícil de consolar?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total			/3
9. <i>Is it hard to keep your child on a schedule or routine?</i> ¿Es difícil mantener a su niño/a en un horario o una rutina establecida?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. <i>Is it hard to put your child to sleep?</i> ¿Es difícil poner a su niño/a a dormir?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. <i>Is it hard to get enough sleep because of your child?</i> ¿Es difícil para usted dormir lo suficiente debido a su niño/a?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. <i>Does your child have trouble staying asleep?</i> ¿Su niño/a tiene dificultad para mantenerse dormido?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total			/3
Reviewed by: _____			



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Name of Mother/Nombre de Mama: _____

Edinburgh Postnatal Depression Scale (EPDS)	
<p>As you have recently had a baby, we would like to know how you are feeling. Please <u>UNDERLINE</u> which comes closest to how you have felt. <u>IN THE PAST 7 DAYS</u>, not just how you feel today. Como usted ha poco tuvo un bebe, nos gustaria saber como se ha estado sintiendo. Por favor haga un circulo alrededor de la respuesta que mas se acerca a como se ha sentido en los ultimos.</p>	
In the Past 7 Days:	En los ultimos 7 dias:
<p>1. I have been able to laugh and see the funny side of things as much as I always could. 0 – As much as I always could 1 – Not quite so much now 2 – Definitely not so much now 3 – Not at all</p> <p>2. I have looked forward with enjoyment to things. 0 – As much as I ever did 1 – Rather less than I used to 2 – Definitely less than I used to 3 – Hardly at all</p> <p>3. I have blamed myself unnecessarily when things went wrong. 3 – Yes, most of the time. 2 – Yes, some of the time 1 – Not very often 0 – No, never</p> <p>4. I have been anxious or worried for no good reasons. 0 – No, not at all. 1 – Hardly, ever 2 – Yes, sometimes 3 – Yes, very often</p> <p>5. I have felt scared or panicky for no very good reason. 3 – Yes, quite a lot 2 – Yes, sometimes 1 – No, not much 0 – No, not at all</p> <p>6. Things have been getting on top of me. 3 – Yes, most of the time I haven't been able to cope at all 2 – Yes, sometimes I haven't been coping as well as usual 1 – No, most of the time I have coped quite well 0 – No, I have been coping as well as ever</p> <p>7. I have been so unhappy that I have had difficulty sleeping 3 – Yes, most of the time 2 – Yes, sometimes 1 – Not very often 0 – No, not at all</p> <p>8. I have felt sad or miserable 3 – Yes, most of the time 2 – Yes, quite often 1 – Not very often 0 – No, not at all</p> <p>9. I have been so unhappy that I have been crying 3 – Yes, most of the time 2 – Yes, quite often 1 – Only occasionally 0 – No, not at all</p> <p>10. The thought of harming myself has occurred to me. 3 – Yes, quite often 2 – Sometimes 1 – Hardly ever 0 – Never</p>	<p>1. He podido reír y ver el lado bueno de las cosas: 0 – Tanto como siempre he podido hacerlo 1 – No tanto ahora 2 – Sin duda, mucho menos ahora 3 – No, en absolute</p> <p>2. He mirado al futuro con placer para hacer cosas: 0 – Tanto como siempre 1 – Algo menos de lo que solía hacerlo 2 – Definitivamente menos de lo que solía hacerlo 3 – Prácticamente nunca</p> <p>3. Me he culpado sin necesidad cuando las cosas marchaban mal: 3 – Sí, casi siempre 2 – Sí, algunas veces 1 – No muy a menudo 0 – No, nunca</p> <p>4. He estado ansiosa y preocupada sin motivo alguno: 0 – No, en absolute 1 – Casi nada 2 – Sí, a veces 3 – Sí, muy a menudo</p> <p>5. He sentido miedo o pánico sin motivo alguno: 3 – Sí, bastante 2 – Sí, a veces 1 – No, no mucho 0 – No, en absolute</p> <p>6. Las cosas me oprimen o agobian: 3 – Sí, la mayor parte del tiempo no he podido sobrellevarlas 2 – Sí, a veces no he podido sobrellevarlas de la manera 1 – No, la mayoría de las veces he podido sobrellevarlas bastante bien 0 – No, he podido sobrellevarlas tan bien como lo hecho siempre</p> <p>7. Me he sentido tan infeliz, que he tenido dificultad para dormir: 3 – Sí, casi siempre 2 – Sí, a veces 1 – No muy a menudo 0 – No, en absolute</p> <p>8. Me he sentido triste y desgraciada: 3 – Sí, casi siempre 2 – Sí, bastante a menudo 1 – No muy a menudo 0 – No, en absolute</p> <p>9. Me he sentido tan infeliz que he estado llorando: 3 – Sí, casi siempre 2 – Sí, bastante a menudo 1 – Ocasionalmente 0 – No, nunca</p> <p>10. He pensado en hacerme daño: 3 – Sí, bastante a menudo 2 – A veces 1 – Casi nunca 0 – No, nunca</p>
Reviewed by: _____	