UW Medicine
UW NEIGHBORHOOD CLINICS

Nine Month Old Well Child Visit

Baby's Name _____ Baby's Birth Date _____

Please fill out the following questionnaire. It will allow the provider to focus on your main concerns during the visit, and allow more time for discussion.

Review of Nutrition	**Yes**	**No**
Has your baby started drinking from a cup?	( )	( )
Does she/he eat a variety of fruits, vegetables, cereals?	( )	( )
Does she/he eat any finger foods?	( )	( )
Is your baby stooling comfortably?	( )	( )

Social Screening	**Yes**	**No**
What are your current child-care arrangements?		
Is your home smoke-free? (choose "No" even if smoking is outside)	( )	( )
Do you read to your baby 3 or more times per week?	( )	( )
Do you keep your baby away from hot objects, such as the stove or coffee?	( )	( )
Are cabinet locks, outlet plugs, stair-gates, and window guards installed where necessary?	( )	( )
Does your home have working smoke detectors?	( )	( )
Does your baby still ride in a rear-facing car seat in the back seat?	( )	( )

Sleep	**Yes**	**No**
Is your baby able to fall asleep when put down while still awake?	( )	( )
Can your baby sleep through the night?	( )	( )
Do you keep nighttime visits brief and boring?	( )	( )
Does he/she have a comfort object other than a bottle or pacifier?	( )	( )
Does your baby sleep in her/his own crib?	( )	( )

Developmental Screening	**Yes**	**No**
Is your baby cruising (walking along furniture) or crawling?	( )	( )
Does your baby bang things together and/or clap?	( )	( )
Does your baby try to find objects after they're hidden from view?	( )	( )
Does your baby babble and respond to her/his name?	( )	( )
Does your baby sit up well?	( )	( )
Does your baby picks up small objects with just a thumb and finger?	( )	( )
Have you introduced a sippy cup?	( )	( )
Will your baby feed her/himself a cookie or cracker?		
Does your baby prefer you to strangers?		

Has your baby had any significant illnesses since the last time we saw you? If yes, please describe:

_____

Are there any new stresses on your family since the last time we saw you? If yes, please describe:

_____

Current concerns not listed above:

_____

_____