

Huebner Pediatrics, PA

PATIENT'S NAME: _____

DOB: _____

18 MONTH QUESTIONNAIRE

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| 1. Does your child enjoy being swung, bounced on your knee, etc.? | Yes | No |
| 2. Does your child take an interest in other children? | Yes | No |
| 3. Does your child like climbing on things, such as up stairs? | Yes | No |
| 4. Does your child enjoy playing peek-a-boo/hind-and-seek? | Yes | No |
| 5. Does your child ever pretend? | Yes | No |
| 6. Does your child ever use his/her index finger, to ask for things? | Yes | No |
| 7. Does your child play properly with small toys (e.g. cars or blocks) without fiddling or dropping them? | Yes | No |
| 8. Does your child bring objects over to you, to show you something? | Yes | No |
| 9. Does your child look you in the eye for more than a second or two? | Yes | No |
| 10. Does your child ever seem oversensitive to noise? (e.g. plugging ears) | Yes | No |
| 11. Does your child smile in response to your face or your smile? | Yes | No |
| 12. Does your child imitate you? | Yes | No |
| 13. Does your child respond to his/her name when called? | Yes | No |
| 14. If you point at a toy across the room, does your child look at it? | Yes | No |
| 15. Does you child walk? | Yes | No |
| 16. Does you child look at things you are looking at? | Yes | No |
| 17. Does your child make unusual finger movements near his/her face? | Yes | No |
| 18. Does you child try to attract your attention to his/her own activity? | Yes | No |
| 19. Have you ever wondered if your child is deaf? | Yes | No |
| 20. Does your child understand what people say? | Yes | No |
| 21. Does your child sometimes stare at nothing or wander with no purpose? | Yes | No |
| 22. Does your child look at your face to check your reaction when faced with something unfamiliar? | Yes | No |