

Health Information Update (9 Months Old)

INTAKE

How often does your baby breastfeed? _____ Times/day

If you give pumped milk, how many ounces per feeding? _____ Ounces every _____ hours

If formula fed, how many ounces of formula does your baby drink? _____ Ounces every _____ hours

What is the name of formula? _____

Does your baby take a vitamin? Yes No Does mom take a vitamin? Yes No

Does your baby drink from a sippy cup? Yes No

How many meals per day does your child eat? _____ How many snacks per day? _____

How many servings/**DAY** does your child have of: _____ Cheese _____ Yogurt

How many servings/**DAY** does your child have of: _____ Fruits _____ Veggies _____ Whole Grains

How many servings/**WEEK** does your child have of: _____ Meat _____ Beans _____ Nuts _____ Eggs _____ Fish

How many ounces/**DAY** does your child have of: _____ Juice _____ Pop

How often does your child eat sweets? 15 >x/wk 8-14x/wk <8x/wk

OUTPUT

How many stools does your baby have per day? _____ What is the consistency? _____

SLEEP

Where does your baby sleep? Parent's room Own room Room with sibling

Do you have a bedtime routine? Yes No Do you read to your child before bed? Yes No

Do you put your child in the crib awake? Yes No Does your baby fall asleep feeding? Yes No

Do you keep a bottle in the crib with your baby? Yes No

Bedtime _____ pm Wake time _____ am

How many times does your child wake at night? _____

What do you usually do when your baby wakes up during the night? _____

How many naps/day does your child take? _____ How long are the naps? _____ hours/nap

SAFETY

Does your child ride in an infant or convertible car seat? _____

In the car seat, does your baby face: Forward Backward

CHILDCARE/SCHOOL

Who is with your baby most of the time? Mom Dad Babysitter Family member

If your baby is in daycare, what type? Large commercial Small In-home

BEHAVIOR/DEVELOPMENT

Describe your child's temperament (happy, fussy, calm, etc.) _____

How do you discipline your child when needed? _____

OTHER

How many hours of screen time does your baby watch? _____

How many times per day do you brush your baby's teeth? _____

What is your water source? City Community well Personal well Bottled water

Do you drink the tap water? Yes No

List any medications your child takes: _____

Do you need any medication refills? _____

Concerns? _____

Ages and Stages - 9 Month	Yes	Sometimes	Not Yet
Communication			
1. Does your baby make sounds like "da", "ga", "ka", and "ba"?			
2. If you copy the sounds your baby makes, does your baby repeat the same sounds back to you?			
3. Does your baby make two similar sounds like "ba-ba", "da-da", or "ga-ga"? (The sounds do not need to mean anything.)			
4. If you ask your baby to, does he play at least one nursery game even if you don't show him the activity yourself (such as "bye-bye", "Peeka-boo", "clap your hands", "So Big")?			
5. Does your baby follow one simple command, such as "Come here", "Give it to me", or "Put it back", without your using gestures?			
6. Does your baby say three words, such as "Mama", "Dada", and "Baba"? (A "word" is a sound or sounds your baby says consistently to mean someone or something.)			
Gross Motor			
1. If you hold both hands just to balance your baby, does he support his own weight while standing?			
2. When sitting on the floor, does your baby sit up straight for several minutes without using her hands for support?			
3. When you stand your baby next to furniture or the crib rail, does he hold on without leaning his chest against the furniture for support?			
4. When holding onto furniture, does your baby bend down and pick up a toy from the floor and then return to a standing position?			
5. While holding onto furniture, does your baby lower himself with control (without falling or flopping down)?			
6. Does your baby walk beside furniture while holding on with only one hand?			
Fine Motor			
1. Does your baby pick up a small toy with only one hand?			
2. Does your baby successfully pick up a crumb or Cheerio by using his thumb and all of his fingers in a raking motion? (If he already picks up a crumb or Cheerio, mark "yes" for this item.)			
3. Does your baby pick up a small toy with the tips of her thumb and fingers? (You should see a space between the toy and her palm.)			
4. After one or two tries, does your baby pick up a piece of string with her first finger and thumb? (The string may be attached to a toy.)			
5. Does your baby pick up a crumb or Cheerio with the tips of his thumb and a finger? He may rest his arm or hand on the table while doing it.			
6. Does your baby put a small toy down, without dropping it, and then take her hand off the toy?			
Problem Solving			
1. Does your baby pass a toy back and forth from one hand to the other?			

2. Does your baby pick up two small toys, one in each hand, and hold onto them for about 1 minute?			
3. When holding a toy in his hand, does your baby bang it against another toy on the table?			
4. While holding a small toy in each hand, does your baby clap the toys together (like "Pat-a-cake")?			
5. Does your baby poke at or try to get a crumb or Cheerio that is inside a clear bottle (such as a plastic soda-pop bottle or baby bottle)?			
6. After watching you hide a small toy under a piece of paper or cloth, does your baby find it? (Be sure the toy is completely hidden.)			
Personal-Social			
1. While your baby is on her back, does she put her foot in her mouth?			
2. Does your baby drink water, juice, or formula from a cup while you hold it?			
3. Does your baby feed himself a cracker or a cookie?			
4. When you hold out your hand and ask for her toy, does your baby offer it to you even if she doesn't let go of it? (If she already lets go of the toy into your hand, mark "yes" for this item.)			
5. When you dress your baby, does he push his arm through a sleeve once his arm is started in the hole of the sleeve?			
6. When you hold out your hand and ask for her toy, does your baby let go of it into your hand?			