

BF 18-Month Developmental Surveillance

Who took this survey: _____ Mother _____ Father _____ Both Parents _____ Patient

		Yes	No
1	Is your child generally interactive around other children?		
2	Is your child generally friendly around other children?		
3	Does your child laugh in response to others?		
4	Does your child explore on his/her own with you in close proximity?		
5	Is your child spontaneously affectionate?		
6	Does your child want to help around the house?		
7	Does your child speak at least 6 words?		
8	Does your child point to indicate to someone else what he/she wants?		
9	Can your child point to at least 1 body part?		
10	Can your child follow simple instructions without gestured cues ("sit down")?		
11	Does your child show interest in a doll or stuffed animal by hugging it or pretend feeding?		
12	Does your child know the names of his favorite books?		
13	Do you think your child sees all right?		
14	Do you think your child hears all right?		
15	Can your child walk up steps and run?		
16	Can your child stack at least 2 or 3 blocks?		
17	Is your child scribbling and imitating crayon strokes?		
18	Can your child use a spoon and cup without spilling most of the time?		
19	Do you have any other specific concerns about your child's development, learning, or behavior?		
20	If so, what are those concerns?		