

BF 9-Month Developmental Surveillance

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

		Yes	No
1	Has your infant developed apprehension with (scared of) strangers?		
2	Does your infant seek you out for play and comfort, and as a resource?		
3	Does your infant use a wide variety repetitive consonants and vowel sounds?		
4	Has your infant started to point out objects?		
5	Does your infant seem to understand that a hidden object is still really there (object permanence)?		
6	Has your infant learned any interactive games, like “peek-a-boo” and “so big”?		
7	Does your infant look at books and explore his environment physically and visually?		
8	Does your infant crawl forward and backward, get to a sitting position, and begin pulling to stand?		
9	Do you have any other specific concerns about your infant’s development, learning, or behavior?		
10	If so, what are those concerns?		