

## WELL CHILD CARE AT FOUR MONTHS

### At Today's Visit

- We will ask for an update on your baby's health.
- We will discuss your baby's growth and development.
- Your baby will have a physical examination.
- Your baby will receive her immunizations.
- We will screen for post partum depression using the Edinburgh Postnatal Depression Screen.
- You will have an opportunity to ask questions.

### Things to Keep in Mind Between Now and the Next Visit

- **FEEDING**
  - ▷ The primary goal of feeding is to provide nutrients for optimal growth. The practice of introducing complementary foods (solid foods and fruit juice) during the first year of life has varied over time and across cultures. Feeding development is a "learned progression of behaviors." It is dependent upon normal anatomy, physiology, and neurological maturation compounded by individual temperament, interpersonal relationships, environmental influences, and culture. In today's multicultural, multigenerational American society, the optimal introduction of complementary foods remains controversial. However, the American Academy of Pediatrics (AAP) and World Health Organization recommend that the introduction of complementary foods be delayed until your infant is 4 to 6 months of age. Adequate intake of human milk or a commercial infant formula meets all the known nutritional requirements for infants in the first six months of life. Thereafter, complementary foods help to supplement energy, iron, vitamins, and trace elements, and prepare your infant for a more diversified diet.
  - ▷ The optimal time for introducing solid foods into your infant's diet is between 4 and 6 months of age for the following reasons:
    - ◆ The introduction of solid foods before this age is not associated with any known nutritional advantage and may in fact be harmful. Introducing solid foods before an infant is 2 months of age may result in inadequate energy or nutrient intake, kidney problems, and an increased risk of developing food allergies.

- ◆ The introduction of solid foods before an infant has the oral motor skills to safely swallow them may result in aspiration of food into an infant's airway or lungs. In addition, the persistence of the extrusion reflex of the tongue (the automatic pushing out of the tongue when touched) renders spoon-feeding a frustrating and difficult experience for both parent and infant.
  - ◆ By 4 months of age, most infants usually have doubled their birth weight. When infants have doubled their birth weight, and weigh at least 13 pounds, some may need to begin supplementing their liquid diet with additional foods to support growth and satisfy hunger.
  - ◆ Delaying the introduction of solid foods until after 4 months of age and possibly until 6 months of age may provide some benefit in reducing the risk of developing atopic dermatitis (eczema) and additional allergic manifestations.
  - ◆ Withholding the introduction of solid foods beyond 6 months of age is not recommended because it may cause decreased growth secondary to inadequate caloric intake, iron deficiency in the breast fed infant, delayed oral motor function, or solid food aversion. Withholding the introduction of solids until after 6 months of age does not appear to reduce allergic potential.
- ▷ ***How do you know when to start solid foods?*** Simply using chronological age as the sole determinant to begin solid foods overlooks the individual needs and readiness of each infant, particularly the infant who was born premature. Make your decision based on what your infant can do, not by how old she is. The decision to start solid foods should be based on your infant's developmental maturity, caloric needs and growth pattern, and allergic potential. As a general rule, solid foods can be introduced when your infant has developmentally achieved the ability to:
- ◆ Sit up, alone or with support.
  - ◆ Use the muscles in her neck to hold her head up straight.
  - ◆ Mouth her fingers and toys.
  - ◆ Open her mouth when she sees food approaching.
  - ◆ Turn her head away if she doesn't want something.
  - ◆ Stay opened up if she does want it.
  - ◆ Keep her tongue flat and low so you can put in the spoon.
  - ◆ Close her lips over the spoon.
  - ◆ Scrape the food from the spoon with her lips.
  - ◆ Keep the food in her mouth, rather than squeezing it back out onto her chin.
- ▷ The decision to begin solid food heralds the next stage in your ongoing feeding relationship with your infant. The foundation of trust and mutual decision making that you have established over the first 4 to 6 months now allows each of you to make an informed decision about whether or not she is ready for solid foods. Remember, your infant is well equipped to communicate her basic feeding needs and abilities to you. She can and

wants to actively participate in your feeding relationship. Let her participate in feeding decisions. She can regulate herself if you let her learn to do so. Your baby will give you signs when she's ready for solid foods. Don't delay once your baby is ready, but do not push her once you start.

- ▷ ***How to feed your baby solids?***
  - ◆ You may start solid foods at any feeding. At first, you may want to pick a time when you do not have many distractions.
  - ◆ Place her in the high chair, perhaps propped up with a couple of pillows.
  - ◆ Have her sit up straight and face you. She'll be able to swallow better and be less likely to choke.
  - ◆ Hold the spoonful of food about 12 inches away from her mouth. It's easiest to start out with a long-handled baby spoon.
  - ◆ Wait for her to pay attention and open her mouth before you try to feed her.
  - ◆ At first, put some on her lip.
  - ◆ Offer another spoonful, and do what she tells you.
  - ◆ Only put food in her mouth if she voluntarily opens up.
  - ◆ Feed as slowly or as fast as she wants to eat.
  - ◆ Let her touch her food. This gets messy, but that's okay.
  - ◆ Talk to her, keep her company, but don't be exciting or entertaining.
  - ◆ Stop feeding as soon as she shows you she's done.
- ▷ ***Selecting your infant's first solid food.*** Begin solid feedings by offering your infant an iron-fortified baby rice cereal, mixed with formula or breast milk. To enhance iron absorption, select a vitamin C fortified infant cereal. Rice cereal is traditionally introduced first because it has the least potential for causing allergies. Oatmeal, barley, wheat, and mixed cereals in that order can be offered after tolerance to rice has been established. Cereal should be offered by spoon not in a bottle unless medically prescribed by your provider for gastro esophageal reflux. Initially, offer the cereal feeding after the nipple feeding. A hungry baby will have little patience to learn new skills. After she is comfortable with cereal from a spoon, offer her the solids partway through the nipple feeding. That might be after one breast or when she takes a breather from her bottle. Then finish by offering the rest of the breast or bottle feeding. This will get you through the first couple months of feeding. Wait to offer solids first until she is ready to start drinking from a cup. Start with thin cereal and gradually thicken it as your infant masters each consistency. Keep feeding cereal alone until your infant is good at eating from a spoon and eats at least a couple of tablespoons of cereal (dry measure) twice a day.
- ▷ ***Learning to like new things.*** Your infant may not like a particular food or texture the first time you offer it. Babies learn to like new things by practicing. Your job is to offer the food in a neutral way again and again, maybe as many as 20 times, so that she can learn to like it. Eventually,

she will learn to like most foods. If your child dislikes or rejects something, take no for an answer for a while, and try again a few days later. She may need time to get used to the mechanics of spoon-feeding or the taste of the unfamiliar food. Quit when she acts like she wants to quit, but try again the next day. If you stop right away when she has had enough, she will be braver the next time. After more experience with it, she may learn to like it. Or she may not. Breast fed babies often accept new foods more readily than formula fed babies provided their mothers eat them. They are already familiar with the taste because the food flavors the breast milk.

- ▷ ***Knowing when to stop.*** When your baby is finished eating, she may lean back, turn her head away, shake her head, or clamp her lips shut. Or she may just not be interested any more when you offer her the spoon. It's important to go along with what your baby tells you and stop as soon as she acts like she wants to stop. If you do that, she'll learn faster, not slower. Babies always eat better if they feel they have control over the situation.
- ▷ ***Your baby will gag.*** When your child is learning to chew and swallow, he won't be very good at controlling where food goes in his mouth. Some food slips to the back of his tongue, before he's ready to swallow, and makes him gag, sending the food right back out again. Don't worry. Gagging is a natural defense against choking. As your baby matures and gains experience with eating, he'll gag less. Mouthing his hands and toys also helps tone down his gag reflex. If your baby continues to gag a lot and doesn't want anything in his mouth, bring it to the attention of your health care provider.
- ▷ ***Be careful about choking.*** Sometimes a child loses control of the food in his mouth and it slips down his throat without being chewed, too far down for him to gag it out. If he takes a breath at the same time, the food can lodge over the entrance of his windpipe and block off his air supply. Young children have an increased risk of choking, simply because they aren't as good at chewing and swallowing. You can keep your child from choking by choosing food carefully and supervising while he eats. Avoid round, slippery food like grapes and slices of hot dogs and round carrots. Avoid large pieces of food and small, hard foods, like nuts and raw vegetables. Avoid peanut butter and popcorn. Make sure your child sits up straight to eat. Supervise at all times during feeding, and keep feeding times calm and quiet. Please see the **choking addendum** for additional information\*.
- ▷ ***Getting used to flavors and textures.*** Once your infant has mastered eating thick cereal from a spoon, she is ready to start learning to eat other foods that are fork-mashed or put through a baby food grinder. If you do not have the time or interest in fresh foods, commercially prepared infant foods are a viable alternative. Begin at the stage (stage 1, 2, or 3) that your infant can manage and advance as his mastery allows. The order of introducing pureed foods (vegetables or fruits) is not critical, although the

decision is often debated. Strong cultural preferences exist. A variety of foods should be added gradually to your infant's diet to provide a diverse and balanced meal. The AAP Committee on Nutrition recommends introducing single-ingredient foods first. Foods should be introduced one at a time. New foods can be added at approximately weekly intervals to identify any adverse reactions (diarrhea, rash, vomiting). With continued physical development, lumpier foods with more complex flavors can be introduced. Meats can be introduced after 7 to 8 months of age. Egg introduction should be delayed until the infant's first birthday. Combination foods may be given to older infants once tolerance to the individual components has been established. Allergic prone infants should avoid exposure to eggs (particularly egg whites) until they are 2 years of age, and peanuts (including peanut butter), nuts, and fish until they are 3-5 years of age. Within 2 or 3 months of starting solid foods, your baby's daily diet should include breast milk or formula, cereal, vegetables, meats, and fruits.

- ▷ ***Warning: do not home-prepare beets, turnips, carrots, spinach, or collard greens!*** These vegetables have large amounts of nitrates, chemicals that can cause an unusual type of anemia (low blood count) in young infants. Baby food companies are aware of this problem and screen the produce they buy for nitrates. Because you cannot test for this chemical yourself, it is safer to use commercially prepared forms of these foods, especially while your child is an infant. If you choose to prepare them at home anyway, serve them fresh and do not store them. Storage of these foods may actually increase the amount of nitrates in them.
- ▷ ***What to do about juice?*** Juice is the most-abused infant food. Juice in a bottle is completely unnecessary and even unhealthy. Giving infants too much juice fills them up so they don't consume the breast milk, formula or solid foods they really need. Wait to offer juice until your child is ready to drink from a cup, save it for snacks, and limit it at first to 4 ounces per day. When your child asks for more, dilute it with water to make the small amount go further. She will ask for more, but you do not have to give it to her. Give water for thirst, and save the juice for snacks.
- ▷ As solid foods are introduced, formula or breast milk volumes will naturally decrease and generally are less than 28-32 ounces per day. Most babies now take about 6 to 7 ounces every 4 to 5 hours.
- ▷ If you give your baby breast milk, it is a good idea to sometimes feed your baby with pumped milk that you put into a bottle. Then your baby will learn another way to drink milk and other people can enjoy feeding your baby.
- ▷ Babies will respond gleefully when they see a bottle, but avoid giving your baby a bottle just to quiet him when he really isn't hungry. Babies who spend too much time with a bottle in their mouth start to use it as a security object, which makes weaning more difficult. They are also more likely to have ear infections and tooth decay problems. Find another security object like a stuffed animal or a blanket.

- ▷ Cow's milk should be avoided before 1 year of life because it can harm your infant's kidneys, increase your infant's risk for allergy and increases your infant's risk of developing anemia.
- ▷ To avoid infantile botulism, avoid honey until after 1 year of age.

## ▪ **DEVELOPMENT**

- ▷ Babies are starting to roll over from stomach to back. Your baby's voice may become louder. He may squeal when happy or cry when he wants food or to be held. In both cases, gentle, soothing voices are the best way to calm your baby. Babies at this age enjoy toys that make noise when shaken. It is normal for babies to cry. At this age you can't spoil a baby. Meeting your baby's needs quickly is still a good idea. *Look for the following characteristics in your child between 4 and 6 months of age:*

### **Daily Activities**

- ◆ Is active, playful, and gregarious
- ◆ Reaches and grasps some objects
- ◆ Shakes rattle when placed in hand
- ◆ Carefully studies objects placed in hand
- ◆ Puts everything into mouth
- ◆ Plays with fingers and hands
- ◆ Usually sleeps through the night
- ◆ Acknowledges bottle gleefully
- ◆ Laughs and giggles while playing and socializing
- ◆ Basks in attention
- ◆ Just begins to realize objects exist even when out of sight

### **Hearing**

- ◆ Turns head purposefully in response to human voice
- ◆ Smiles and coos when talked to

### **Motor Skills**

- ◆ Rolls from side to side
- ◆ Holds up chest when lying on tummy
- ◆ Supports head when held in sitting position
- ◆ Sits with support for longer periods
- ◆ Enjoys using the legs in kicking motions

### **Vision**

- ◆ Focuses clearly
- ◆ Fascinated with mirror image

## ▪ **SLEEP**

- ▷ Babies still sleep safest on their backs at this age.
- ▷ Continue to define your infant's nighttime ritual and be as consistent as possible.
- ▷ Continue to place your baby in the crib when he is drowsy but still awake.

- ▷ By about 4 months of age, many babies are very regular and adapted to a light/dark schedule. Increased wakefulness by day and more consolidated sleep by night evolve as infants mirror cues from their parents or caregivers, who encourage them to play more during the daytime waking periods. By contrast, nighttime awakenings should be kept calm, quiet, and no longer than necessary to change, feed, and burp your baby and return him, comfortably, sleepy, but still awake, to his crib or bassinet.
- ▷ A baby, who is 3 or 4 months of age, should be able to sleep for a long stretch, say 5 or 6 hours, during the night. But he may wake up every couple of hours. Don't rush to the crib every time you hear your baby whimper. Wait a few minutes and see if he'll fall back asleep without attention. But if your baby's cry is one of distress or it persists for more than a few minutes, by all means go to him. Avoid turning the light on if possible. Check whether he needs a changing; if so; try to change the diaper without picking your baby up. After he calms down, say good night in a soft voice, and leave the room. A baby who has learned to put himself to sleep will probably doze off in a few minutes. Many babies are sleeping through the night by now, and will also nap for 4-6 hours during the daytime.
- ▷ If your child is not sleeping 5 to 6 hours through the night by 3 months, you may help the process along by keeping him awake longer in the afternoon and evening. Make sure that he has plenty of stimulation. During his wakeful periods: toys, perhaps a "busy box," a brightly patterned rug to lie on, music to listen to, and most of all, someone to talk with. This may help stop him from being lulled into sleep earlier than necessary. On the other hand, don't keep a sleepy baby up for the sake of pushing his bedtime back by a few minutes. A child who is overtired will become upset and find it hard to settle down.
- ▷ Many infants take two or more daytime naps for at least the first 6 months. Overtime, the morning nap gradually drops out. For most children, the afternoon nap continues through toddler hood and into the preschool years.
- ▷ Breastfed babies typically start sleeping through the night somewhat later than those who are bottle fed. They may need a nighttime feeding for longer. By 5 or 6 months, they, too, should sleep through most of the night.

- **SAFETY TIPS**

- ▷ ***Avoid Suffocation, Choking, or Ingestions.*** Remove hanging mobiles or toys before the baby can reach them. Keep ropes, strings, cords, dangling toys, plastic bags, and balloons out of your baby's reach. Use only unbreakable toys without sharp edges or small parts that can come loose. Keep all medications and household chemicals securely stored. Poison control's number is **1-800-222-1222**.

- ▷ ***Preventing Fires, Burns, and Scalds.*** Please make sure your infant's crib is in a safe location and not too close to a heater. Avoid eating, drinking, or carrying anything hot near your baby or while you are holding your baby. Ensure that the water temperature in your home is less than 120°F (50°C). Please refer to the addendum on burn safety for additional information\*. Install smoke and carbon monoxide detectors and check them every six months. Keep a fire extinguisher in or near the kitchen. Please do not expose your baby to smoke of any kind. If you smoke cigarettes, try to cut back and set a quit date. Tell your friends you are quitting. Your baby's skin is very sensitive, so please avoid direct sunlight. If your infant must be in the sun, dress him in lightweight clothing that covers his body, including hats with wide brims to shadow his face. Use an umbrella to create shade. Sunscreen should not be applied to infants less than 6 months old.
- ▷ ***Avoiding Falls.*** Never leave your baby when he is up high, such as on a changing table or bed. Make sure that the sides of the crib are always completely up. Infant seats in the home are safe only on the floor. Watch for obstacles and ice. If you fall, so does your baby. **PLEASE DO NOT BUY OR USE A WALKER.**
- ▷ ***The Dangers of Baby Walkers.*** The American Academy of Pediatrics (AAP) believes that walkers should be banned from the United States because baby walkers put children at risk for injury and there are no clear benefits from using a baby walker.
  - ◆ From 1989 to 1993 there were 11 deaths involving a baby walker. Each year over 8000 children are treated in hospital emergency rooms for walker-related injuries. Many more children are injured and go to their health care provider's office. Walker injuries can be serious, such as skull fractures, head injuries causing bleeding inside the head, broken legs and arms, and burns.
  - ◆ **FACT:** Baby walkers **do not** help your baby to walk earlier. In fact, they often delay walking.
  - ◆ **FACT:** A baby in a walker can move at a speed of 3 feet per second. This is much faster than a baby can move on his own.
  - ◆ **FACT:** Gates **do not** prevent babies from tumbling down stairs in walkers. Children can take the gate down or the baby walker can knock the gate loose.
  - ◆ **FACT:** Baby walkers put children at increased risk for burns, poisonings, and drowning. This is because the child can move about faster and reach dangerous objects.
  - ◆ **FACT:** Most baby walker injuries happen while at least one parent is at home watching the child.

- ▷ ***Ways to Keep Your Child Happy.*** Children can be entertained in other ways or placed in a safer piece of equipment. Playpens, stationary activity centers, infant swings, and high chairs are other ways to keep your child safe and happy. Be sure to use a safety belt if you put your child in a high chair or swing.
  - ▷ ***Car Safety.*** Use an approved infant car seat correctly in the back seat. Never leave your baby alone in a car. Wear your safety belt.
  
- **BABYSITTERS**
  - ▷ You can never be too careful: get good references through your church, local schools, relatives, or close friends. Leave emergency instructions and phone numbers and a written routine. Give the babysitter a quick tour of your home before you leave.
  
- **GENERAL RECOMMENDATIONS**
  - ▷ Never shake your baby. Forceful shaking can cause death or permanent injury. Good people when overwhelmed can hurt an infant. Remove yourself from your infant and return only when diffused and calm.
  - ▷ DEET-containing insect repellants can be used as long as the concentration of DEET is 30% or less. Apply these sprays sparingly on exposed skin, and not on your child's hands, or near the eyes or mouth. Wash treated skin with soap and water after returning indoors.
  - ▷ Continue talking to your baby frequently. It helps them learn language.
  - ▷ Your baby will enjoy having books read to them.
  - ▷ Good toys include unbreakable mirrors; see through rattles that show pieces making noise, and baby books with board, vinyl, or cloth pages.
  - ▷ Save money and don't buy shoes until your baby is walking. For now, soft foot coverings are fine.
  - ▷ You may begin cleaning your baby's gums with water and a soft cloth or rubber toothbrush...especially after medications.
  - ▷ Your baby may have their first tooth erupt before the next visit. While getting teeth, your baby may drool or chew a lot. A teething ring may be useful.
  
- **IMMUNIZATIONS**
  - ▷ **At the 4-month visit, your baby should receive 2 shots and 1 oral immunization including a:**
    - ◆ DTaP (diphtheria, tetanus, acellular pertussis,) Hib (Haemophilus influenza type B) , Polio combined within one shot (Pentacel)
    - ◆ Pneumococcal (PCV7) shot
    - ◆ Rotavirus oral vaccine
    - ◆ ***Please refer to your vaccine information statements (VIS) for complete details regarding each vaccine.***

- **IMMUNIZATION SIDE EFFECTS**
  - ▷ Your child may run a fever and be irritable for about 1-2 days after getting shots. Your child may also have some soreness, redness, or swelling at the vaccine sites. Acetaminophen (Tylenol) may help reduce fever and pain. For pain at the injection sites, place a cool, wet washcloth on the area as often and as long as needed for comfort.
  - ▷ Please call us if your baby has a rectal temperature over 102.5°F, or has a reaction other than fever, mild irritability, or injection site problems.
  
- **ADDITIONAL RESOURCE(S)\***
  - ▷ Working mother

### **How to Prepare for the Next Visit**

- Please bring in questions and observations about your baby that you would like to discuss.
- Keep track of any illnesses, including visits to other health care facilities and the ER.
- Please bring your vaccine record.

### **What to Expect at the Next Visit**

- Your child should return when he is **6 months old**.
- Your baby will have a physical examination.
- You will complete a lead risk questionnaire.
- Your infant will receive her third set of immunizations at the six month well child visit to protect against diphtheria, pertussis, tetanus, polio, Hib, pneumococcal disease, and rotavirus.

\* =found on our website

## QUESTIONS FOR 4 MONTH VISIT

PATIENT NAME: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please answer the questions that apply to either your breast milk or formula fed infant.

### NUTRITION

#### BREAST MILK

Do you feel that breast feeding is going well?  yes  no

Are you:  breast feeding  exclusively pumping  both

APPROXIMATE NUMBER OF FEEDINGS IN A 24 HOUR PERIOD:

5  6  7-8  9-10  10-12  >12

DOES YOUR INFANT BREAST FEED FROM ONE OR BOTH BREASTS?

one  both  N/A

APPROXIMATE AMOUNT OF TIME PER BREAST?

< 15 minutes  15-30 minutes  30-45 minutes  > 45 minutes  n/a

Have you introduced an occasional bottle?  yes  no  n/a

Are you currently taking your prenatal vitamins?  yes  no

Is your infant taking a vitamin D supplement?  yes  no

Do you plan on returning to work while breast feeding or pumping breast milk?  yes  no

Do you want information regarding breast feeding/pumping while returning to work?  yes  no

#### FORMULA FED

OUNCES PER FEEDING:

4-5 ounces  6-7 ounces  7-8 ounces  > 8 ounces

FREQUENCY OF FEEDING:

every 2-3 hours  every 3-4 hours  every 4-5 hours  > 5 hours

APPROXIMATE FEEDINGS IN A 24 HOUR PERIOD:

5  6  7-8  >8

APPROXIMATE TIME PER FEEDING:

< 15 minutes  15-30 minutes  30-45 minutes  > 45 minutes

FORMULA TYPE:

Enfamil Lipil  Nestle Goodstart  Prosobee  Enfacare  Other  
 Similac Advance  Isomil  Nutramigen  Neosure

#### SOLID FOODS

Has your child started solids (complementary foods)?  yes  no

If yes, what?

Iron fortified cereal  Stage 1 products  Stage 2 products  Home made baby foods

M.A.R. 2.2008 SIGNATURE OF PROVIDER: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

## QUESTIONS FOR 4 MONTH VISIT

PATIENT NAME: \_\_\_\_\_

### ELIMINATION

Wet diapers per day:     <6         >6

### BOWEL MOVEMENTS:

Frequency:

< 1 per day     1-3 per day     4-6 per day     > 6 per day

Is your infant having any problems with bowel movements?     yes     no

### SLEEP

Sleeps consecutively for:

2-3 hours     3-4 hours     4-5 hours     5-6 hours     > 6 hours

How many naps does your child take?

none     1     2     3     > 3

How much time (total) does your child spend napping during the day?

< 1 hour     1-2 hours     3-4 hours     4-6 hours     > 6 hours

Is your infant sleeping on his/her back?     yes     no

Is your infant using a pacifier?     yes     no

Are you establishing a routine before placing your infant to sleep?     yes     no

Are you placing your infant to sleep partially or fully-awake?     yes     no

### VISION

Do you have any concerns about your infant's vision?     yes     no

### HEARING

Do you have any concerns about your infant's hearing?     yes     no

### SAFETY

Does your infant ride in the car using a rear facing infant car seat?     yes     no

### DEVELOPMENT

Babbles and coos	<input type="checkbox"/> yes	<input type="checkbox"/> no
Smiles, laughs, and squeals	<input type="checkbox"/> yes	<input type="checkbox"/> no
While lying on stomach, holds head upright and raises body on hands	<input type="checkbox"/> yes	<input type="checkbox"/> no
Rolls over from front to back	<input type="checkbox"/> yes	<input type="checkbox"/> no
Opens hands, holds own hands, grasps rattle	<input type="checkbox"/> yes	<input type="checkbox"/> no
Controls head well	<input type="checkbox"/> yes	<input type="checkbox"/> no
Begins to bat at objects	<input type="checkbox"/> yes	<input type="checkbox"/> no
Looks at and may become excited by mobile	<input type="checkbox"/> yes	<input type="checkbox"/> no
Follows objects with his/her eyes	<input type="checkbox"/> yes	<input type="checkbox"/> no
Recognizes your voice and touch	<input type="checkbox"/> yes	<input type="checkbox"/> no
Turns head to sound	<input type="checkbox"/> yes	<input type="checkbox"/> no
Has spontaneous social smile	<input type="checkbox"/> yes	<input type="checkbox"/> no

M.A.R. 2.2008    SIGNATURE OF PROVIDER: \_\_\_\_\_    DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_