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PEDIATRIC AND ADOLESCENT MEDICINE  
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18 Month Developmental Questionnaire

Child's Name \_\_\_\_\_ Filled out by \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship to child \_\_\_\_\_

Today's Date \_\_\_\_\_

- |  |     |    |
|--|-----|----|
| 1. Does your child take an interest in other children?   | Yes | No |
| 2. Does your child use his/her index finger to point, to indicate interest in something?                                 | Yes | No |
| 3. Does your child ever bring objects over to you (parent) to show you something?  | Yes | No |
| 4. Does your child imitate you? (E.g. you make a face-will your child imitate it?)                                       | Yes | No |
| 5. Does your child respond to his/her name when you call?  | Yes | No |
| 6. If you point at a toy across the room, does your child look at it?  | Yes | No |
| 7. Does your child enjoy being swung, bounced on your knee? etc.   | Yes | No |
| 8. Does your child like climbing on things, such as stairs?  | Yes | No |
| 9. Does your child enjoy playing peek-a-boo/hide and seek?   | Yes | No |
| 10. Does your child ever pretend, for example, to talk on the phone or take care of dolls, or pretend other things?      | Yes | No |
| 11. Does your child ever use his/her index finger to point, to ask for something?  | Yes | No |
| 12. Can your child play properly with small toys (e.g. cars or bricks) without just mouthing, fiddling or dropping them? | Yes | No |
| 13. Does your child look you in the eye for more than a second or two?   | Yes | No |
| 14. Does your child ever seem oversensitive to noise? (e.g. plugging ears)   | Yes | No |
| 15. Does your child smile in response to your face or your smile?  | Yes | No |
| 16. Does your child walk?  | Yes | No |
| 17. Does your child look at things you are looking at?   | Yes | No |
| 18. Does your child make unusual finger movements near his/her face?   | Yes | No |
| 19. Does your child try to attract attention to his/her own activity?  | Yes | No |
| 20. Have you ever wondered if your child is deaf?  | Yes | No |
| 21. Does your child understand what people say?  | Yes | No |
| 22. Does your child sometimes stare at nothing or wander with no purpose?  | Yes | No |
| 23. Does your child look at your face to check your reaction when faced with something unfamiliar?                       |     |    |