



48 Month Questionnaire

Patient's information

Name: _____

DOB: ____/____/____

MALE/FEMALE

Person filling out questionnaire

Name: _____

Relationship to patient: _____

COMMUNICATION

Does your child name at least three items from a common category?
For example, animals, food, shapes.

YES NO SOMETIMES

Does your child answer the following questions? (Mark "sometimes" if your child answers only one question.)

YES NO SOMETIMES

- "What do you do when you are hungry?"
- "What do you do when you are tired?"

Does your child tell you at least two things about an object?
(Size, shape, color, etc.)

YES NO SOMETIMES

Without your giving help by pointing or repeating, does your child follow three directions that are unrelated to one another?

YES NO SOMETIMES

Does your child use all of the words in a sentence (for example, "a," "the," "am," "is," and "are") to make complete sentences?

YES NO SOMETIMES

GROSS MOTOR

Does your child catch a large ball with both hands?

YES NO SOMETIMES

Does your child climb the rungs of a ladder on a playground slide and slide down without help?

YES NO SOMETIMES

While standing, does your child throw a ball overhand in the direction of a person standing at least 6 feet away?

YES NO SOMETIMES

Does your child hop up and down on either the right or left foot at least one time without losing her balance or falling?

YES NO SOMETIMES

Without holding onto anything, does your child stand on one foot for at least 5 seconds without losing his balance and putting his foot down?

YES NO SOMETIMES

FINE MOTOR

Does your child put together a five-to seven-piece interlocking puzzle?

YES NO SOMETIMES

Using child-safe scissors, can your child cut paper?

YES NO SOMETIMES

Can your child draw the shapes below?:

YES NO SOMETIMES



Does your child unbutton one or more buttons?

YES NO SOMETIMES

Does your child draw pictures of people that have at least three body parts?

YES NO SOMETIMES

Does your child color mostly within the lines in a coloring book or within the lines of a 2-inch circle that you draw?

YES NO SOMETIMES

PROBLEM SOLVING

When you say, "Say 'five eight three,'" does your child repeat just the three numbers in the same order?

YES NO SOMETIMES

Without your giving help by pointing, does your child follow three different direction using the words "under," "between," and "middle"?

YES NO SOMETIMES

When shown objects and asked, "What color is this?" does your child name five different colors?

YES NO SOMETIMES

If you place five objects in front of your child, can he count them by saying, "one, two, three, four, five," in order?

YES NO SOMETIMES

PERSONAL-SOCIAL

Does your child serve herself, taking food from one container or plate to another using utensils?

YES NO SOMETIMES

Does your child tell you at least four of the following? Please mark the items your child knows.

- | | |
|----------------------|---------------------|
| a. First name | d. Last name |
| b. Age | e. Boy or girl |
| c. City she lives in | f. Telephone number |

Does your child wash his own hands?

YES NO SOMETIMES

Does your child tell you the names of two or more playmates, not including siblings?

YES NO SOMETIMES

Does your child brush her teeth by putting toothpaste on the toothbrush and brushing all of her teeth without help?

YES NO SOMETIMES

Does your child dress or undress himself without help?
(This can be done without the exemptions of snaps, buttons, and zippers?)

YES NO SOMETIMES

*If you have any questions or concerns regarding your child, please list them here for the doctor to go over: