



Woodinville Pediatrics 6 Month Questionnaire

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parental concerns this visit: \_\_\_\_\_  
\_\_\_\_\_

Current Medications: \_\_\_\_\_

Current Allergies: \_\_\_\_\_

**Family**

Concerns about maternal depression \_\_\_yes \_\_\_no

Parents working outside home \_\_\_mother \_\_\_father

Child Care \_\_\_yes \_\_\_no Type \_\_\_\_\_

Changes since last visit \_\_\_\_\_

**Diet**

Milk \_\_\_\_\_

Type \_\_\_\_\_

Milk Amount/Time \_\_\_\_\_

Solid Food Comments \_\_\_\_\_

Source of water \_\_\_\_\_ Vitamins/Fluoride \_\_\_\_\_

**Bowel/Bladder**

Stool Concerns \_\_\_yes \_\_\_no

Stool Consistency \_\_\_hard \_\_\_soft

Urination Concerns \_\_\_yes \_\_\_no

**Sleep**

Back sleeping \_\_\_yes \_\_\_no

Location \_\_\_co-sleep \_\_\_crib \_\_\_co-sleep & crib

Duration \_\_\_ < 3 hrs \_\_\_ 3-6 hrs \_\_\_ > 6 hrs

Tobacco Exposure \_\_\_yes \_\_\_no

Behavior Concerns \_\_\_yes \_\_\_no

Activity (tummy time, no TV) \_\_\_\_\_

**Development**

Social Emotional: \_\_\_ Shows pleasure from interactions w parents/others

Communication: \_\_\_ Uses a string of vowels (ah eh oh)

\_\_\_ Beginning to recognize own name

\_\_\_ Enjoys vocal turn taking

Cognitive: \_\_\_ Uses visual exploration \_\_\_ Beginning to use oral exploration

Physical : \_\_\_ Sits briefly \_\_\_ leaning forward \_\_\_ Rolls over

Additional comments: \_\_\_\_\_

\_\_\_\_\_