



# 6 Month Questionnaire

5 months 0 days  
through 6 months 30 days

On the following pages are questions about activities babies may do. Your baby may have already done some of the activities described here, and there may be some your baby has not begun doing yet. For each item, please fill in the circle that indicates whether your baby is doing the activity regularly, sometimes, or not yet.

### Important Points to Remember:

- Try each activity with your baby before marking a response.
- Make completing this questionnaire a game that is fun for you and your baby.
- Make sure your baby is rested and fed.
- Please return this questionnaire by \_\_\_\_\_.

### Notes:

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## COMMUNICATION

	YES	SOMETIMES	NOT YET	
1. Does your baby make high-pitched squeals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
2. When playing with sounds, does your baby make grunting, growling, or other deep-toned sounds?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
3. If you call your baby when you are out of sight, does she look in the direction of your voice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
4. When a loud noise occurs, does your baby turn to see where the sound came from?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
5. Does your baby make sounds like "da," "ga," "ka," and "ba"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
6. If you copy the sounds your baby makes, does your baby repeat the same sounds back to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___

COMMUNICATION TOTAL \_\_\_\_\_

## GROSS MOTOR

	YES	SOMETIMES	NOT YET	
1. While your baby is on his back, does your baby lift his legs high enough to see his feet?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
2. When your baby is on her tummy, does she straighten both arms and push her whole chest off the bed or floor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
3. Does your baby roll from his back to his tummy, getting both arms out from under him?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
4. When you put your baby on the floor, does she lean on her hands while sitting? <i>(If she already sits up straight without leaning on her hands, mark "yes" for this item.)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___



**GROSS MOTOR** (continued)

5. If you hold both hands just to balance your baby, does he support his own weight while standing?



YES	SOMETIMES	NOT YET	_____
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

6. Does your baby get into a crawling position by getting up on her hands and knees?



<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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GROSS MOTOR TOTAL \_\_\_\_\_

**FINE MOTOR**

1. Does your baby grab a toy you offer and look at it, wave it about, or chew on it for about 1 minute?

YES	SOMETIMES	NOT YET	_____
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

2. Does your baby reach for or grasp a toy using both hands at once?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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3. Does your baby reach for a crumb or Cheerio and touch it with his finger or hand? (If he already picks up a small object the size of a pea, mark "yes" for this item.)



<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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4. Does your baby pick up a small toy, holding it in the center of her hand with her fingers around it?



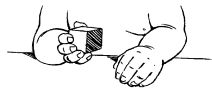
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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5. Does your baby try to pick up a crumb or Cheerio by using his thumb and all of his fingers in a raking motion, even if he isn't able to pick it up? (If he already picks up the crumb or Cheerio, mark "yes" for this item.)



<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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6. Does your baby pick up a small toy with only one hand?



<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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FINE MOTOR TOTAL \_\_\_\_\_

**PROBLEM SOLVING**

1. When a toy is in front of your baby, does she reach for it with both hands?

YES	SOMETIMES	NOT YET	_____
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

2. When your baby is on his back, does he turn his head to look for a toy when he drops it? (If he already picks it up, mark "yes" for this item.)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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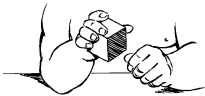
3. When your baby is on her back, does she try to get a toy she has dropped if she can see it?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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**PROBLEM SOLVING** (continued)

YES                      SOMETIMES                      NOT YET

4. Does your baby pick up a toy and put it in his mouth?                                                                    \_\_\_\_\_

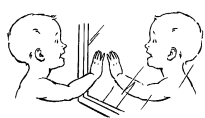
5. Does your baby pass a toy back and forth from one hand to the other?                                                                    \_\_\_\_\_

6. Does your baby play by banging a toy up and down on the floor or table?                                                                    \_\_\_\_\_

PROBLEM SOLVING TOTAL \_\_\_\_\_


**PERSONAL-SOCIAL**

YES                      SOMETIMES                      NOT YET

1. When in front of a large mirror, does your baby smile or coo at herself?                                                                    \_\_\_\_\_

2. Does your baby act differently toward strangers than he does with you and other familiar people? (Reactions to strangers may include staring, frowning, withdrawing, or crying.)                                                                   \_\_\_\_\_

3. While lying on her back, does your baby play by grabbing her foot?                                                                    \_\_\_\_\_

4. When in front of a large mirror, does your baby reach out to pat the mirror?                                                                    \_\_\_\_\_

5. While your baby is on his back, does he put his foot in his mouth?                                                                    \_\_\_\_\_

6. Does your baby try to get a toy that is out of reach? (She may roll, pivot on her tummy, or crawl to get it.)                                                                   \_\_\_\_\_

PERSONAL-SOCIAL TOTAL \_\_\_\_\_

**OVERALL**

Parents and providers may use the space below for additional comments.

1. Does your baby use both hands and both legs equally well? If no, explain:  YES  NO

2. When you help your baby stand, are his feet flat on the surface most of the time? If no, explain:  YES  NO

3. Do you have concerns that your baby is too quiet or does not make sounds like other babies? If yes, explain:  YES  NO

4. Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain:  YES  NO

5. Do you have concerns about your baby's vision? If yes, explain:  YES  NO

6. Has your baby had any medical problems in the last several months? If yes, explain:

YES

NO

7. Do you have any concerns about your baby's behavior? If yes, explain:

YES

NO

8. Does anything about your baby worry you? If yes, explain:

YES

NO

## Nutrition

- **Breast-feeding.** As your baby's solid food intake increases the number and duration of breast-feedings will decrease. Once solid feedings are well established 5 or 6 breast-feedings a day is typical.
- **Formula-feeding.** At this age, depending on whether solids have been started, most infants take 26 to 36 ounces of formula a day. By 9 months the average amount of formula a day is 30 ounces.
- **Cup Training.** Cup training should be started by 6 months of age. A common way to cup train is by giving small amounts of milk (1 ounce) in between meals. Discontinue bottle use by 12 months or soon after. Prolonged bottle use can cause tooth decay.
- **Juices.** Juices are not recommended at this age, although sometimes juices are recommended to help with constipation. If you give your baby juice limit the amount to 4 ounces a day. Excessive juice intake can cause gas, diarrhea and tooth decay.

## Solid Foods

- **Meals.** At 6 months of age some babies are already taking 2 meals a day, while others are barely starting to eat solids. Don't worry about what other babies are eating. Once your baby has learned to spoon-feed, a variety of cereals, fruits, vegetables and meats may be added. Four ounces (a half cup) of solids per meal is a reasonable average but there is a tremendous variation among babies. Some babies take more than 4 ounces of solids at a meal, others only a few tablespoons at a time. Let your baby's appetite guide you. By 9 months of age most babies eat three meals a day.
- **Types of Solids.** Between 8 and 10 months of age you may begin with mashed foods. If mashed table food is given, it should be nutritious, not spicy or greasy. While there is a tradition of delaying certain foods, like seafood, wheat and eggs, due to concerns about food allergies, more recent expert opinions indicate that there is no evidence that delaying such foods prevents food allergies.
- **Finger Foods.** Small bite-sized foods can be started once your baby is able to sit without support and has a good pincer grasp, usually 8-10 months of age. Common finger foods are dry unsweetened cereals (like Cheerios), slices of cheese, and soft small bites of canned or fresh fruits, cooked vegetables, crackers, and bread crusts. Always supervise eating to prevent choking.
- **Iron Intake.** Since iron stores from pregnancy are depleted by 6 months of age and your baby is in a period of rapid growth, the risk of iron deficiency and anemia are high over the next 18 months. Breast-fed infants are more prone to iron deficiency than formula-fed infants. Giving 1 serving a day of infant rice cereal helps prevent iron deficiency anemia. At this age a serving is 4 tablespoons (1/4 cup, 2 oz) of dry cereal. Meat, either baby food or minced, is another source of dietary iron. If your breast-fed infant does not take sufficient iron-fortified cereal or other iron-rich foods give a dropper a day of Tri-vi-sol with Iron or Poly-visol with Iron. Talk to your baby's provider if you are not sure whether your baby needs extra iron or not.
- **Vitamin D.** Infant formula is fortified with Vitamin D but breast milk is not. If you infant's main milk source is breast-milk continue to give Vitamin D supplementation.

## Development

- **Gross Motor (Movement) Skills.** Most babies can roll front to back and back to front by 6 months of age. Many babies can sit by 6 months, but often it takes another month or two to be able to sit without support. Over the next 2 - 3 months your baby will probably start to crawl and start pulling herself to stand.
  - Provide plenty of opportunities to help your baby develop gross motor skills.
  - Frequently change your child's position: from tummy to back to sitting and back to tummy; from crib to floor, pull to sitting and pull to standing holding on to fingers.
  - Your baby may enjoy standing in your lap and bouncing.
- **Fine Motor (Finger and Hand) Skills.** Most 6 month olds rake at small objects with their fingers, but by 9 months most have an effective pincer grasp and can pick up small objects. Over the next few months your baby will learn how to transfer blocks or other small objects from one hand to another. Give your baby lots of opportunities to use his hands. He is dependent on you to bring the world to him. Encourage him to use his skills all the time.
  - Give him a spoon at mealtime, a wash cloth at bath time
  - Let him play with cups and mixing spoons as you are cooking.
  - Show him how to toss a small soft ball and bang pot lids together.
- **Language.** At 6 months most babies are vocalizing with increasing frequency and variety. Babbling (repetitive consonant sounds such as ma-ma, da-da) is the next step in language development. By nine months your baby should be babbling, at 6 months some are, some aren't. Lots of loving talk is the best way to help your baby's language development.
  - Talk directly to your baby. Use many gestures and expressions. Overact.
  - Use key labeling words when you talk. "Where are your socks? Let's find your socks." Rather than "Oh, where are they?"
  - Talk to your baby about things that are physically present. "Look at the dog chasing the ball. Look at brother riding his trike."

Over the next few months your baby will begin to understand NO by the tone of your voice. Some families teach their baby basic sign language at this age. Signs are easier for baby to learn than true speech. Signing may reduce frustration, improve communication, and is not detrimental to speech development.

- **Social.** Your baby prefers people to inanimate objects. He will be entertained by your games with him. Play with your baby.

- Play peek-a-boo
- Wave “bye - bye”
- Bang objects together
- Play patty - cake.

By 8 months most babies become clearly attached to mother and fear separation. By the end of the year this separation anxiety often increases and your baby may also begin to fear strangers. Separation anxiety can be stressful to mother. Try to accept this phase and be proud of your importance to your baby. He is practicing loving for life. The more he can love now and feel love back, the more secure and loving he will be the rest of his life. Use of a playpen or a pack-n-play at this age is a good idea. He can watch mother, feel safe, and allow mother to do her work. When you leave him a warning phrase such as “bye - bye for now” may help him not feel abandoned. Another phrase such as “here I am again” can mark the definite end to a separation when you return.

### **Dental Tips**

As soon as teeth begin to appear, start using a soft-bristle, small toothbrush twice a day, preferably first thing in the morning and before bedtime. Tooth decay is now thought to be due to bacteria contracted from other people. Reducing exposure to bacteria by not sharing eating utensils (spoon) or drinks with your baby or “cleaning” a dropped pacifier in your mouth will help prevent your cavities in your child. High risk children should see a dentist within 6 months after their 1st tooth erupts. High Risk children include:

- Children with special health care needs, chronic illnesses.
- Children of mothers with a history of many cavities.
- Children with obvious dental problems like stains or a chipped teeth

For More information visit the American Academy of Pediatric Dentistry’s website at [www.aapd.org](http://www.aapd.org).

### **Sleep.**

By 6 months most babies have settled into a schedule of two naps a day, morning and afternoon, 1 to 2 hours each. At night the average 6 month old sleeps 10 or 11 hours without waking to feed. Soon after 6 months most babies start to have separation anxiety when mother is not in sight. This can trigger sleep problems.

- Tips to Prevent Sleep Problems:
  - Have a soothing bedtime routine such as bath, bedtime story, and saying goodnight to family and favorite objects. A late evening breast-feeding or bottle should not be the last event in the bedtime routine.
  - Your baby should be able to fall asleep on his own. Place him in his crib awake but drowsy.
  - A small soft friendly toy tucked into the corner of the crib may help with separation anxiety.
  - Respond to your child’s separation fears by holding him and reassuring him during the day.
  - Make middle of the night contacts brief and boring. Your baby should not need a middle of the night feeding at this age.

### **Safety**

Thousands of children age 6 – 12 months have serious accidental injuries every year - most of which can be prevented. Most often injuries occur because parents are not aware of what their child can do. Motor development is rapid in this age group. Constant supervision is needed. This is a good age to use a playpen or a pack-n-play for times like cooking, when it is difficult to watch your child or have them next to you.

- **Poisoning.** Children are very curious, which can lead them to getting a hold of dangerous household detergents and other poisonous materials. If your child should ingest a poison, call the Poison Center Network, 1-800-222-1222. Post this number near your phone. In the case of convulsions, cessation of breathing or unconsciousness, call 911.
  - **The following information will be important:**
    - The name of the poison
    - The amount ingested
    - The time it was ingested
    - Any symptoms
    - The age and weight of your child
  - **Things to Remember:**
    - Read labels and warnings on all containers
    - Store potentially harmful products and medicines out of reach of children
    - Throw away unused medications and empty containers.
    - Do not put potentially harmful substances in food or drink containers.
    - Teach children to stay away from storage areas and medicine cabinets.
    - Use child-protective safety latches and guards on doors, drawers, cabinets, etc.
    - Avoid calling any medicines “candy.”

- **High Blood Lead.** Children can be exposed to lead by living in older homes that have lead-based paints and/or by a family member's occupation or hobby. This lead exposure can be harmful. The nurse will provide a questionnaire for you to read and help you decide whether or not your child is at risk for lead exposure. In our part of the country, the incidence of lead exposure is quite low, but if you answer "yes" to any questions on the questionnaire, a blood test for lead may be needed. Discuss any concerns with your child's provider.
- **Home Safety.** Now that your child is mobile, it is important to childproof her environment. Remove crib gyms and other hanging toys at 6 months. Keep all medicines and cleaning supplies well out of reach and equip all cabinets with safety latches. Everything your child finds will probably end up in her mouth, so be careful what is left lying around. Do not use crib bumper pads, not only are they a suffocation risk, but once your baby can pull to stand, he will be able to step on the pad and is at increased risk of falling out of the crib.
- **Falls.** As your child's strength and curiosity grows, it is important to place gates on stairways and other potentially dangerous areas. Also, remove or cushion any sharp edged furniture, just in case your child falls against it. Coffee tables and fireplaces seem to cause the most injuries. Make sure that your baby is strapped in properly at all times when in a stroller, high chair, car safety seat, or infant carrier.
- **Car Safety.** Most injuries and deaths caused by car crashes can be prevented by the use of safety seats every time your child is in the car. An infant should always sit in a rear-facing safety seat until he is at least 2 years of age. A rear-facing car seat should never be placed in front of a passenger-side air bag. The safest place for all children less than 12 years of age is in the back seat. For more information about car safety seats and for information about having your seat checked for proper installment call 1-800-252-8255 (safe riders program) or 1-866-SEAT-CHECK ([www.seatcheck.org](http://www.seatcheck.org)). Do not leave your child alone in a car, even for a "few seconds." Death and injuries from excessive heat or fumes can occur.
- **Burns.** There are a number of ways that your child could be burned.
  - At this age children grab at everything. Never leave cups of hot drinks on tables or counter edges. Never carry hot liquids or food near your child or while holding your child. Do not let your child crawl or walk around stoves, wall or floor heaters or other hot appliances. Turn pot handles away from the stove's edge so they are not reachable. A safe place for your child while you're cooking, eating, or unable to provide full attention is a playpen, high chair or crib.
  - Because children are just learning to grab at things, water can be a source of burns. Turn your water heater to 120 degrees. At this temperature it takes 5 minutes to scald severely compared to 5 seconds at the usual water temperature of 150 degrees.
  - Children are at greatest risk in house fires. Make sure that your smoke alarms work. Change the batteries at least twice a year on dates that you'll remember, like the day that time changes for Daylight Saving and Standard Time.
  - If your child does get burned, put cold water on the burned area immediately. Then cover the burn with a bandage or clean cloth. Call your doctor for all burns.
- **Sun Exposure.** Avoid the sun during the hours of 10am to 4pm. If outside stay in the shade, use a floppy hat to protect your baby's face, and use a sunscreen that is approved for children. Sun exposure during childhood can cause skin cancer and premature aging of the skin.
- **Walkers.** The AAP does not recommend using walkers. Walkers allow children to get to places they can pull heavy objects or hot foods onto themselves. Also, many children in baby walkers have had injuries from falling down stairs, walking out of doors, and running into furniture.

### **Choking in an Infant Under 12 Months**

Make sure food is always cut into small pieces and small objects such as coins, beads and small toys are kept out of child's reach. Don't feed your child hard pieces of food such as raw carrots. Grapes, peanuts, and popcorn are also foods to be avoided.

- Check infant's mouth by opening the mouth with the thumb over the tongue and the fingers wrapped around the lower jaw. If the object is seen, it may be removed with a finger sweep. **Do not perform a blind finger sweep on an infant less than 12 months of age.**
- If the infant is still choking, then place the infant's face down over your arm with head lower than the trunk. The infant's face should be in the support arm's hand and infant's legs should straddle the arm, one leg on each side of the elbow. Five blows are delivered with the heel of the hand between the infant's shoulder blades.
- If back blows were not successful, turn the infant over and give five rapid chest compressions (two fingertips on chest just below nipple line) as in CPR. This is to expel the object from the windpipe.
- If breathing is not reinitiated after five back blows and five chest compressions, check infant's mouth again by opening the mouth with the thumb over the tongue and the fingers wrapped around the lower jaw. If the object is seen, it may be removed with a finger sweep.
- If object is not removed and infant is still choking, start the sequence again with the back blows.

### **Reach Out & Read**

Reading out loud to your child is the best way to help your child love books and learning. Early "reading" milestones between 6-12 months:

- **Your child should:** Reach for book; Lift book to mouth; Sit in lap, head steady; Turn pages with adult help; Look at pictures; Vocalize, pat pictures; Prefers pictures of faces
- **The parent should:** Gaze face-to-face with child; Follow baby's cues for "more" and "stop"; Point and name pictures
- **Favorite titles for this age group:** "Peek-a-Who" by Nina Laden; "Ten Little Fingers and Ten Little Toes" by Mem Fox and Helen Oxenbury; "Daddy Hugs" by Karen Katz; "I Love Colors" (Look Baby Books) by Margaret Miller; "Baby Faces" (Look Baby Books) by Margaret Miller



### **Fluoride Information**

Proper fluoride supplementation decreases cavities by 60%. The ideal concentration of fluoride in drinking water is 1.0 ppm (parts per million). For most patients in Frisco, fluoride supplementation is accomplished by the added fluoride in our city water. However, if you have a reverse osmosis water system in your home or live in an outlying community, your child may need to have fluoride prescribed by your child's physician. If you chose to have your child drink bottled water, be sure to check the fluoride content by calling the company. Fluoride is not regulated in bottled drinking water. The following is a recommended schedule of fluoride supplementation recommended by the American Academy of Pediatric Dentistry for children beginning at 6 months.

**Fluoride Concentration in Community Drinking Water**

Age of Patient	<0.3 ppm*	0.3-0.6 ppm	>0.6 ppm
0 to 6 months	None		
6 months to 3 years	0.25 mg/day	None	
3 to 6 years	0.5 mg/day	0.5 mg/day	None

### **Early Childhood Intervention (ECI) Programs**

The State of Texas has a network of local community programs (Early Childhood Intervention or ECI) that provide services to Texas families and their children, birth to age three, with developmental delays. The cost of services provided is based on family income. Children are eligible for ECI services if they are under age 3 and have developmental delays or conditions (such as Down's, prematurity, vision or hearing impairments) that have a high possibility of resulting in a developmental delay. Anyone may refer a child for ECI services. If you believe that your child is delayed or has a condition that could lead to delays, call 1-800-682-5115 or visit the ECI website at [www.dars.state.tx.us/ecis](http://www.dars.state.tx.us/ecis) for the ECI program closest to you.

**Reading Suggestions and Resources** We encourage all parents to invest in one or more reference book on child care and child development. The following are a few books and websites that we can recommend:

- **Caring for Your Baby and Young Child: Birth to Age 5**, The American Academy of Pediatrics.
- **Your Baby and Child: From Birth to Age 5**, Penelope Leach.
- **Baby 411: Clear Answers and Smart Advice for Your Baby's First Year**, Ari Brown, Denise Fields.
- **Infants and Mothers: Differences in Development**, Terry Brazelton.
- **Siblings without Rivalry**, Adele Faber and Elaine Mazlish, Avon Books.
- **Solve your Child's Sleep Problems**, Richard Ferber
- [www.aap.org](http://www.aap.org), The American Academy of Pediatrics
- [www.cdc.gov/nip](http://www.cdc.gov/nip), National Immunization Program. Federal government sponsored online information about vaccines.
- [www.vaccine.chop.edu](http://www.vaccine.chop.edu), Information about vaccines from the Children's Hospital of Philadelphia
- [www.healthychildren.org](http://www.healthychildren.org), A new parenting website developed by the American Academy of Pediatrics.