**Newborn & Infant Developmental Screening - Quarterly Calls**

**Road to Health Booklet**

**Differing CRF depending on the infants age – See specifications below.**

To be completed at each quarterly call for all children in Cohort A until the child is 5-6 years of age

**Add stem question for all CRFs**: Respond ‘Yes’ to any question where the caregiver says that the child CAN do the following.

**Age = 14 weeks/3 months - Infant Developmental Screening**

1. Hearing/ Communication: Startles to loud sounds: Yes No Don’t Know
2. Referred to any of the following specialists for hearing/communication: No referral Speech therapy Audiology Doctor
3. Vision and Adaptive: Follows face or close objects with eyes: Yes No Don’t Know
4. Referred to any of the following specialists for Vision and adaptive: No referral Doctor Optometrist Ophthalmic nurse Occupational therapist
5. Cognitive/Behavior: Smiles at people: Yes No Don’t Know
6. Referred to any of the following specialists for Cognitive/Behavior: No referral Occupational therapist Doctor Psychologist Speech therapist
7. Motor Skills: Holds head upright when held against shoulder: Yes No Don’t Know
8. Motor Skills: Hands are open most of the time: Yes No Don’t Know
9. Referred to any of the following specialists for Motor Skills: No referral Physiotherapist Occupational therapist Doctor
10. Caregiver concerns: (allow for free text option where clinician can list developmental concerns of the mother or caregiver)
11. Referred to any of the following specialists for hearing/communication: Speech therapy Audiology Doctor

**Age = 6 months - Infant Developmental Screening**

1. Hearing/ Communication: Moves eyes or head in direction of sounds: Yes No Don’t Know
2. Hearing/ Communication: Responds by making sounds when talked to: Yes No Don’t Know
3. Referred to any of the following specialists for hearing/communication: No referral Speech therapy Audiology Doctor
4. Vision and Adaptive: Eyes move well together (no squint): Yes No Don’t Know
5. Vision and Adaptive: Recognizes familiar faces: Yes No Don’t Know
6. Vision and Adaptive: Looks at own hands: Yes No Don’t Know
7. Referred to any of the following specialists for Vision and adaptive: No referral Doctor Optometrist Ophthalmic nurse Occupational therapist
8. Cognitive/Behavior: Laughs aloud: Yes No Don’t Know
9. Cognitive/Behavior: Uses different cries or sounds to show hunger, tiredness, discomfort: Yes No Don’t Know
10. Referred to any of the following specialists for Cognitive/Behavior: No referral Occupational therapist Doctor Psychologist Speech therapist
11. Motor Skills: Grasps toy in each hand: Yes No Don’t Know
12. Motor Skills: Lifts head when lying on tummy: Yes No Don’t Know
13. Referred to any of the following specialists for Motor Skills: No referral Physiotherapist Occupational therapist Doctor
14. Caregiver concerns: (allow for free text option where clinician can list developmental concerns of the mother or caregiver)

**Age = 9 months - Infant Developmental Screening**

1. Hearing/ Communication: Babbles (‘ma-ma’, ‘da-da’): Yes No Don’t Know
2. Hearing/ Communication: Turns when called: Yes No Don’t Know
3. Referred to any of the following specialists for hearing/communication: No referral Speech therapy Audiology Doctor
4. Vision and Adaptive: Eyes focus on far objects: Yes No Don’t Know
5. Referred to any of the following specialists for Vision and adaptive: No referral Doctor Optometrist Ophthalmic nurse Occupational therapist
6. Cognitive/Behavior: Throws, bands toys/objects: Yes No Don’t Know
7. Cognitive/Behavior: Reacts when caregiver leaves, calms when she/he returns: Yes No Don’t Know
8. Referred to any of the following specialists for Cognitive/Behavior: No referral Occupational therapist Doctor Psychologist Speech therapist
9. Motor Skills: Sits without support: Yes No Don’t Know
10. Motor Skills: Moves object from hand to hand: Yes No Don’t Know
11. Referred to any of the following specialists for Motor Skills: No referral Physiotherapist Occupational therapist Doctor
12. Caregiver concerns: (allow for free text option where clinician can list developmental concerns of the mother or caregiver)

**Age = 12 months - Infant Developmental Screening**

1. Hearing/ Communication: Uses simple gestures (e.g., lifts arms to be picked up): Yes No Don’t Know
2. Hearing/ Communication: Has one meaningful word (dada, mama) although sounds may not be clear: Yes No Don’t Know
3. Hearing/ Communication: Imitates different speech sounds: Yes No Don’t Know
4. Referred to any of the following specialists for hearing/communication: No referral Speech therapy Audiology Doctor
5. Vision and Adaptive: Looks for toys/objects that disappear: Yes No Don’t Know
6. Vision and Adaptive: Looks closely at toys/objects and pictures: Yes No Don’t Know
7. Referred to any of the following specialists for Vision and adaptive: No referral Doctor Optometrist Ophthalmic nurse Occupational therapist
8. Cognitive/Behavior: Imitates gestures (e.g., clapping hands): Yes No Don’t Know
9. Cognitive/Behavior: Understands ‘No’: Yes No Don’t Know
10. Referred to any of the following specialists for Cognitive/Behavior: No referral Occupational therapist Doctor Psychologist Speech therapist
11. Motor Skills: Stands with support: Yes No Don’t Know
12. Motor Skills: Picks up small objects with thumb and index finder: Yes No Don’t Know
13. Referred to any of the following specialists for Motor Skills: No referral Physiotherapist Occupational therapist Doctor
14. Caregiver concerns: (allow for free text option where clinician can list developmental concerns of the mother or caregiver)

**Age = 18 months - Infant Developmental Screening**

1. Hearing/ Communication: Understands names of at least 2 common objects (e.g., cup): Yes No Don’t Know
2. Hearing/ Communication: Uses at least 3 words other than names: Yes No Don’t Know
3. Referred to any of the following specialists for hearing/communication: No referral Speech therapy Audiology Doctor
4. Vision and Adaptive: Looks at small things and pictures: Yes No Don’t Know
5. Referred to any of the following specialists for Vision and adaptive: No referral Doctor Optometrist Ophthalmic nurse Occupational therapist
6. Cognitive/Behavior: Follows simple commands (e.g., ‘come here’): Yes No Don’t Know
7. Referred to any of the following specialists for Cognitive/Behavior: No referral Occupational therapist Doctor Psychologist Speech therapist
8. Motor Skills: Walks alone: Yes No Don’t Know
9. Motor Skills: Uses fingers to feed: Yes No Don’t Know
10. Referred to any of the following specialists for Motor Skills: No referral Physiotherapist Occupational therapist Doctor
11. Caregiver concerns: (allow for free text option where clinician can list developmental concerns of the mother or caregiver)

**Age = 3 years/36 months - Infant Developmental Screening**

1. Hearing/ Communication: Child speaks in simple 3 word sentences: Yes No Don’t Know
2. Referred to any of the following specialists for hearing/communication: No referral Speech therapy Audiology Doctor
3. Vision and Adaptive: Sees small shapes clearly at a distance (across room): Yes No Don’t Know
4. Referred to any of the following specialists for Vision and adaptive: No referral Doctor Optometrist Ophthalmic nurse Occupational therapist
5. Cognitive/Behavior: Plays with other children/adults: Yes No Don’t Know
6. Cognitive/Behavior: Uses pretend play (e.g., feeds doll): Yes No Don’t Know
7. Referred to any of the following specialists for Cognitive/Behavior: No referral Occupational therapist Doctor Psychologist Speech therapist
8. Motor Skills: Runs well: Yes No Don’t Know
9. Motor Skills: Eats on own Yes No Don’t Know
10. Referred to any of the following specialists for Motor Skills: No referral Physiotherapist Occupational therapist Doctor
11. Caregiver concerns: (allow for free text option where clinician can list developmental concerns of the mother or caregiver)

**Age = 5 to 6 years - Infant Developmental Screening**

1. Hearing/ Communication: Speaks in full sentences: Yes No Don’t Know
2. Hearing/ Communication: Caregiver understands child’s speech: Yes No Don’t Know
3. Referred to any of the following specialists for hearing/communication: No referral Speech therapy Audiology Doctor
4. Vision and Adaptive: No reported/observed vision problems (use illiterate E chart if available): Yes No Don’t Know
5. Referred to any of the following specialists for Vision and adaptive: No referral Doctor Optometrist Ophthalmic nurse Occupational therapist
6. Cognitive/Behavior: Interacts with children and adults: Yes No Don’t Know
7. Cognitive/Behavior: Understands multiple commands (e.g., ‘go to the kitchen and bring me your plate’) Yes No Don’t Know
8. Referred to any of the following specialists for Cognitive/Behavior: No referral Occupational therapist Doctor Psychologist Speech therapist
9. Motor Skills: Hops on one foot: Yes No Don’t Know
10. Motor Skills: Holds with fingers at top or middle of pencil or stick to draw: Yes No Don’t Know
11. Motor Skills: Dresses self: Yes No Don’t Know
12. Referred to any of the following specialists for Motor Skills: No referral Physiotherapist Occupational therapist Doctor
13. Caregiver concerns: (allow for free text option where clinician can list developmental concerns of the mother or caregiver)