Table 4.1

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|  | PEDS Tools Questions |
| PEDS Response Form Questions | **1. Do you have any concerns about how your child talks and makes speech sounds?**  Select one: No Yes  A little  Comments: |
| **2. Do you have any concerns about how your child understands what you say?**  Select one: No Yes  A little  Comments: |
| **3. Do you have any concerns about how your child uses his or her hands and fingers to do things?**  Select one: No Yes  A little  Comments: |
| PEDS: DM Response Form Questions | 1. Can your baby poke at things with just his or her first finger?  No A little  Yes |
| 2. When you say your baby’s name, does he or she stop and look at you?  No Sometimes  Most of the time |
| 3. How many different sounds such as “muh”, “bah”, “duh” or “guh” does your baby say?  None 1  2 or more |