Patient ID	**Date**
_____	_____/ _____/ _____ DD MMM YYYY

WHO MOTOR MILESTONES

Date of Assessment: ☐☐/☐☐☐/☐☐☐☐

Assessment Evaluator:_____

MILESTONE	**Examiner Observation**	**Caregiver Observation** Did the child exhibit the milestone at home since the last visit?	DATE First Achieved (As Reported by Caregiver)	Milestone Maintained?
Sitting without support	☐ No (inability) ☐ No (refusal) ☐ Yes ☐ Unable to test	☐ Yes ☐ No	☐☐ / ☐☐☐ / ☐☐☐☐ D D M M M Y Y Y Y	☐ Yes ☐ No
Hands-and-knees crawling	☐ No (inability) ☐ No (refusal) ☐ Yes ☐ Unable to test	☐ Yes ☐ No	☐☐ / ☐☐☐ / ☐☐☐☐ D D M M M Y Y Y Y	☐ Yes ☐ No
Standing with assistance	☐ No (inability) ☐ No (refusal) ☐ Yes ☐ Unable to test	☐ Yes ☐ No	☐☐ / ☐☐☐ / ☐☐☐☐ D D M M M Y Y Y Y	☐ Yes ☐ No
Walking with assistance	☐ No (inability) ☐ No (refusal) ☐ Yes ☐ Unable to test	☐ Yes ☐ No	☐☐ / ☐☐☐ / ☐☐☐☐ D D M M M Y Y Y Y	☐ Yes ☐ No
Standing alone	☐ No (inability) ☐ No (refusal) ☐ Yes ☐ Unable to test	☐ Yes ☐ No	☐☐ / ☐☐☐ / ☐☐☐☐ D D M M M Y Y Y Y	☐ Yes ☐ No
Walking alone	☐ No (inability) ☐ No (refusal) ☐ Yes ☐ Unable to test	☐ Yes ☐ No	☐☐ / ☐☐☐ / ☐☐☐☐ D D M M M Y Y Y Y	☐ Yes ☐ No
CHILD'S EMOTIONAL STATE (assessed by Investigator)				
First Scale	☐ Drowsy	☐ Awake and alert		
Second Scale	☐ Calm	☐ Fussy	☐ Crying	

Comments: