**Bright Futures Previsit Questionnaire**

**1 Month Visit**

For us to provide you and your baby with the best possible health care, we would like to know how things are going. Please answer all of the questions. Thank you.

### What would you like to talk about today?

Do you have any concerns, questions, or problems that you would like to discuss today?

We are interested in answering your questions. Please check off the boxes for the topics you would like to discuss the most today.

#### How You Are Feeling
- Feeling sad
- Using drugs
- Using alcohol
- Smoking
- Getting back to work or school
- Breastfeeding plans
- Choosing child care

#### Your Baby and Family
- Asking for help when you need it
- Community services that may be able to help your family
- Violence at home/abuse

#### Getting to Know Your Baby
- Sleep/wake schedules
- Where your baby sleeps
- How your baby sleeps
- How to keep your baby safe while sleeping
- Bored baby
- Tummy time for playtime with you
- How to calm your baby
- Crying too much

#### Feeding Your Baby
- How often should your baby feed
- How to know your baby is getting enough
- What to feed your baby
- Formula feeding
- Help with breastfeeding
- How to hold your baby while feeding
- Burping
- Using a pacifier
- Worry about your baby's weight

#### Safety
- Car safety seats
- Preventing falls
- Choking from bracelets, necklaces, and toys with loops or strings

### Questions About Your Baby

Have any of your baby's relatives developed new medical problems since your last visit? If yes, please describe:  
- Yes
- No
- Unsure

#### Vision

Do you have concerns about how your child sees?

- Yes
- No
- Unsure

#### Tuberculosis

Has a family member or contact had tuberculosis or a positive tuberculin skin test?

- Yes
- No
- Unsure

Was your child born in a country at high risk for tuberculosis? (countries other than the United States, Canada, Australia, New Zealand, and Western Europe)?

- Yes
- No
- Unsure

Has your child traveled (had contact with resident populations) for longer than 1 week to a country at high risk for tuberculosis?

- Yes
- No
- Unsure

Does your child have any special health care needs?  
- No
- Yes, describe:

Other than your baby's birth, have there been any major changes in your family lately?  
- Move
- Job change
- Separation
- Divorce
- Death in the family
- Any other changes? Describe:

Over the past 2 weeks, how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things
   - Not at all
   - Several days
   - More than half the days
   - Nearly every day

2. Feeling down, depressed, or hopeless
   - Not at all
   - Several days
   - More than half the days
   - Nearly every day

Does your child live with anyone who uses tobacco or spend time in any place where people smoke?  
- No
- Yes

### Your Growing and Developing Baby

Do you have specific concerns about your baby's development, learning, or behavior?  
- No
- Yes, describe:

Check off each of the tasks that your baby is able to do.

- If upset, able to calm
- Recognizes parents' voices
- Lifts head when on tummy
- Follows parents with eyes
- Smiles

---

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®