

PATIENT NAME: _____ DATE: _____

Please print.

American Academy of Pediatrics



BRIGHT FUTURES PREVISIT QUESTIONNAIRE

2 MONTH VISIT

To provide you and your baby with the best possible health care, we would like to know how things are going. Please answer all the questions. **Maternal Depression screening is also part of this visit.** 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? **No** **Yes**, describe:

TELL US ABOUT YOUR BABY AND FAMILY.

What excites or delights you most about your baby?

Does your baby have special health care needs? **No** **Yes**, describe:

Have there been major changes lately in your baby's or family's life? **No** **Yes**, describe:

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

Does your baby live with anyone who smokes or spend time in places where people smoke or use e-cigarettes? **No** **Yes** **Unsure**

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.

- | | | |
|--|--|---|
| <input type="checkbox"/> Smile back at you. | <input type="checkbox"/> Make short cooing sounds. | <input type="checkbox"/> Hold her chin up when she is on her stomach. |
| <input type="checkbox"/> Make sounds that let you know he is happy or upset. | <input type="checkbox"/> Move both arms and legs together. | <input type="checkbox"/> Open and shut his hands. |

2 MONTH VISIT

RISK ASSESSMENT

Vision	Do you have concerns about how your baby sees?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
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ANTICIPATORY GUIDANCE

How are things going for you, your baby, and your family?

YOUR FAMILY'S HEALTH AND WELL-BEING

Living Situation and Food Security			
Is permanent housing a worry for you?	<input type="radio"/> No	<input type="radio"/> Yes	
Do you have the things you need to take care of your baby, such as a crib, a car safety seat, and diapers?	<input type="radio"/> Yes	<input type="radio"/> No	
Does your home have enough heat, hot water, and electricity?	<input type="radio"/> Yes	<input type="radio"/> No	
Do you have health insurance for yourself?	<input type="radio"/> Yes	<input type="radio"/> No	
Within the past 12 months, were you ever worried whether your food would run out before you got money to buy more?	<input type="radio"/> No	<input type="radio"/> Yes	
Within the past 12 months, did the food you bought not last, and you did not have money to get more?	<input type="radio"/> No	<input type="radio"/> Yes	
Family Support			
Are you getting enough rest?	<input type="radio"/> Yes	<input type="radio"/> No	
Have you been out of the house without your baby (such as to the store, to restaurants, or on a walk)?	<input type="radio"/> Yes	<input type="radio"/> No	
Have you found someone to care for your baby when you return to work or school?	<input type="radio"/> Yes	<input type="radio"/> No	
If yes, are you comfortable with these arrangements?	<input type="radio"/> NA	<input type="radio"/> Yes	<input type="radio"/> No

HOW YOU ARE FEELING

Have you had your 6-week after-birth checkup?	<input type="radio"/> Yes	<input type="radio"/> No	
If you have other children, are you able to spend time with them?	<input type="radio"/> NA	<input type="radio"/> Yes	<input type="radio"/> No

CARING FOR YOUR BABY

Your Growing Baby			
Do you enjoy taking care of your baby?	<input type="radio"/> Yes	<input type="radio"/> No	
Do you and your baby "talk" together during your daily routines?	<input type="radio"/> Yes	<input type="radio"/> No	
Are you comfortable and confident in your abilities as a parent?	<input type="radio"/> Yes	<input type="radio"/> No	
Is your baby beginning to develop regular sleep patterns?	<input type="radio"/> Yes	<input type="radio"/> No	
Is a TV, computer, tablet, or smartphone on in the background when your baby is in the room?	<input type="radio"/> No	<input type="radio"/> Yes	
Do you put your baby on her tummy for short periods of time when she is awake and with you?	<input type="radio"/> Yes	<input type="radio"/> No	
Do you have ways to calm your baby when he is crying?	<input type="radio"/> Yes	<input type="radio"/> No	
Are you ever afraid that you or other caregivers may hurt the baby?	<input type="radio"/> No	<input type="radio"/> Yes	

FEEDING YOUR BABY

General Information			
Do you have any questions about feeding your baby?	<input type="radio"/> No	<input type="radio"/> Yes	
Are you feeding your baby anything other than breast milk or formula?	<input type="radio"/> No	<input type="radio"/> Yes	
Can you tell when your baby is hungry?	<input type="radio"/> Yes	<input type="radio"/> No	
Can you tell when your baby is full?	<input type="radio"/> Yes	<input type="radio"/> No	

Please print.

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FEEDING YOUR BABY (CONTINUED)

If you are breastfeeding, answer these questions.		
Are you giving your baby vitamin D drops?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have questions about pumping and storing your breast milk?	<input type="radio"/> No	<input type="radio"/> Yes
If you are formula feeding, or providing formula supplementation, answer these questions.		
Are you using iron-fortified formula?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have questions about using formula, such as how much it costs or how to prepare it?	<input type="radio"/> No	<input type="radio"/> Yes

SAFETY

Car and Home Safety		
Is your baby fastened securely in a rear-facing car safety seat in the back seat every time she rides in a vehicle?	<input type="radio"/> Yes	<input type="radio"/> No
Are you having any problems using your car safety seat?	<input type="radio"/> No	<input type="radio"/> Yes
Is your water heater set so the temperature at the faucet is at or below 120°F/49°C?	<input type="radio"/> Yes	<input type="radio"/> No
Do you always stay within arm's reach whenever your baby is in or near water?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have any questions about things you can do to keep your baby safe at home?	<input type="radio"/> No	<input type="radio"/> Yes
Safe Sleep		
Does your baby sleep on his back?	<input type="radio"/> Yes	<input type="radio"/> No
Does your baby sleep in a crib?	<input type="radio"/> Yes	<input type="radio"/> No
Does your baby sleep in your room?	<input type="radio"/> Yes	<input type="radio"/> No

Consistent with *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, 4th Edition

For more information, go to <https://brightfutures.aap.org>.

