# 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 you should feed your baby
- 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
- Smiles
- Follows parents with eyes

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**Physical Examination**

<table>
<thead>
<tr>
<th>Category</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bright Futures Priority</td>
<td>HEAD/FONTANELLE (positional skull deformities)</td>
</tr>
<tr>
<td></td>
<td>EYES (red reflex/strabismus, appears to see)</td>
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<tr>
<td></td>
<td>HEART</td>
</tr>
<tr>
<td></td>
<td>FEMORAL PULSES</td>
</tr>
<tr>
<td>Additional Systems</td>
<td>ABDOMEN</td>
</tr>
<tr>
<td></td>
<td>MUSCULOSKELETAL (torsicollis)</td>
</tr>
<tr>
<td></td>
<td>HIPS</td>
</tr>
<tr>
<td></td>
<td>NEUROLOGIC (tone, strength, symmetry)</td>
</tr>
</tbody>
</table>

**Assessment**

- Well child

**Anticipatory Guidance**

- INFANT ADJUSTMENT
  - Tummy time
  - Encourage daily routines
  - Back to sleep
  - Sleep location
  - Techniques to calm
- SAFETY
  - Car safety seat
  - Falls
  - No strings around neck
  - No shaking
  - Smoke-free environment

**Plan**

- Immunizations (See Vaccine Administration Record)
- Laboratory/Screening results

**Follow-up/Next visit**

- See other side

**Print Name**

Provider 1

Provider 2

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How You Are Feeling

- Taking care of yourself gives you the energy to care for your baby. Remember to go for your postpartum checkup.
- Call for help if you feel sad or blue, or very tired for more than a few days.
- Know that returning to work or school is hard for many parents.
- Find safe, loving child care for your baby. You can ask us for help.
- If you plan to go back to work or school, start thinking about how you can keep breastfeeding.

Getting to Know Your Baby

- Have simple routines each day for bathing, feeding, sleeping, and playing.
- Put your baby to sleep on his back.
  - In a crib, in your room, not in your bed.
  - In a crib that meets current safety standards, with no drop-side rail and slats no more than 2 3/8 inches apart.
- If your crib has a drop-side rail, keep it up and locked at all times. Contact the crib company to see if there is a device to keep the drop-side rail from falling down.
- Keep soft objects and loose bedding such as comforters, pillows, bumper pads, and toys out of the crib.
- Give your baby a pacifier if he wants it.
- Hold and cuddle your baby often.
- Tummy time—put your baby on his tummy when awake and you are there to watch.
- Crying is normal and may increase when your baby is 6–8 weeks old.
- When your baby is crying, comfort him by talking, patting, stroking, and rocking.
- Never shake your baby.
- If you feel upset, put your baby in a safe place; call for help.

Safety

- Use a rear-facing car safety seat in all vehicles.
- Never put your baby in the front seat of a vehicle with a passenger air bag.
- Always wear your seat belt and never drive after using alcohol or drugs.
- Keep your car and home smoke-free.
- Keep hanging cords or strings away from and necklaces and bracelets off of your baby.
- Keep a hand on your baby when changing clothes or the diaper.
- Pat, rock, undress, or change the diaper to wake your baby to feed.
- Feed your baby when you see signs of hunger.
- Putting hand to mouth
- Sucking, rooting, and fussing
- End feeding when you see signs your baby is full.
- Turning away
- Closing the mouth
- Relaxed arms and hands
- Breastfeed or bottle-feed 8–12 times per day.
- Burp your baby during natural feeding breaks.
- Having 5–8 wet diapers and 3–4 stools each day shows your baby is eating well.

If Breastfeeding

- Continue to take your prenatal vitamins.
- When breastfeeding is going well (usually at 4–6 weeks), you can offer your baby a bottle or pacifier.

If Formula Feeding

- Always prepare, heat, and store formula safely. If you need help, ask us.
- Feed your baby 2 oz every 2–3 hours. If your baby is still hungry, you can feed more.
- Hold your baby so you can look at each other.
- Do not prop the bottle.

What to Expect at Your Baby's 2 Month Visit

We will talk about

- Taking care of yourself and your family
- Sleep and crib safety
- Keeping your home safe for your baby
- Getting back to work or school and finding child care
- Feeding your baby

Poison Help: 1-800-222-1222
Child safety seat inspection: 1-866-SEATCHECK; seatcheck.org

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