



Patient: \_\_\_\_\_ Date: \_\_\_\_\_ MRN: \_\_\_\_\_

## Bright Futures Previsit Questionnaire 2 to 5 Day (First Week) 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.

<b>How You Are Feeling</b>	<input type="checkbox"/> Your health <input type="checkbox"/> Feeling sad <input type="checkbox"/> Family stress <input type="checkbox"/> Unwanted advice <input type="checkbox"/> Starting a daily routine
<b>Getting Used to Your Baby</b>	<input type="checkbox"/> How you are doing with your baby <input type="checkbox"/> Calming your baby <input type="checkbox"/> Crib safety <input type="checkbox"/> Where your baby sleeps <input type="checkbox"/> How your baby sleeps <input type="checkbox"/> Placing baby on back to sleep
<b>Feeding Your Baby</b>	<input type="checkbox"/> Gaining weight <input type="checkbox"/> How your baby shows if he/she is hungry or full <input type="checkbox"/> Drinking enough <input type="checkbox"/> Jaundice (skin is yellow) <input type="checkbox"/> Burping <input type="checkbox"/> Breastfeeding <input type="checkbox"/> Formula
<b>Safety</b>	<input type="checkbox"/> Car safety seat <input type="checkbox"/> Cigarette smoke <input type="checkbox"/> Water heater temperature
<b>Baby Care</b>	<input type="checkbox"/> When to call the doctor's office <input type="checkbox"/> Taking your baby's temperature <input type="checkbox"/> Not getting sick <input type="checkbox"/> Hand washing <input type="checkbox"/> Emergency situations <input type="checkbox"/> Leaving the house <input type="checkbox"/> Skin care <input type="checkbox"/> Sunburns

### 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

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?

- Little interest or pleasure in doing things    Not at all    Several days    More than half the days    Nearly every day
- Feeling down, depressed, or hopeless    Not at all    Several days    More than half the days    Nearly every day

Adapted with permission from "Efficient Identification of Adults with Depression and Dementia," September 15, 2004, *American Family Physician*. Copyright © 2004 American Academy of Family Physicians. All Rights Reserved.

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 how your baby is growing, learning, or acting?    No    Yes, describe:

\_\_\_\_\_  
\_\_\_\_\_

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

- |  |  |
|--|--|
| <input type="checkbox"/> Eats well                     | <input type="checkbox"/> Follows your face                     |
| <input type="checkbox"/> Turns and calms to your voice | <input type="checkbox"/> Can suck, swallow, and breathe easily |



American Academy  
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Original document included as part of *Bright Futures Tool and Resource Kit*. Copyright © 2010 American Academy of Pediatrics. All Rights Reserved. The American Academy of Pediatrics does not review or endorse any modifications made to this document and in no event shall the AAP be liable for any such changes.