

Bright Futures Previsit Questionnaire 6 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.

We are interests	d in answering you	r questions. Please check off the boxes for the topics you would like to discuss th	no most toda	av.	
How Your Family Is Doing		Being a good parent and partner ☐ Where to go when you need help ☐ Finding good child care			
		☐ Finding and joining playgroups			
Your Baby's Development		☐ How your baby learns ☐ How your baby can calm down alone ☐ How to keep your baby safe while sleeping ☐ Bedtime routines ☐ Your baby falling asleep on his own ☐ Your child's weight			
Feeding Your Baby		☐ Starting solid food ☐ How to add new foods ☐ How much food your baby should eat ☐ Drinking from a cup ☐ Staying on breast milk or formula ☐ Food allergies			
Healthy Teeth		☐ Brushing your baby's teeth ☐ Need for fluoride supplements			
Safety		☐ Keeping your home safe with a crawling baby ☐ Car safety seats ☐ Preventing burns, falls, choking, and poisoning ☐ Bathtub and water safety			
		Questions About Your Baby			
Have any of you	r baby's relatives de	eveloped new medical problems since your last visit? If yes, please describe:	☐ Yes	□ No	☐ Unsure
Hearing	Do you have cond	erns about how your child hears?	☐ Yes	□ No	☐ Unsure
Vision	Do you have cond	erns about how your child sees?	☐ Yes	□ No	☐ Unsure
Lead	Does your child have a sibling or playmate who has or had lead poisoning?		☐ Yes	☐ No	☐ Unsure
	Does your child live in or regularly visit a house or child care facility built before 1978 that is being or has recently been (within the past 6 months) renovated or remodeled?		☐ Yes	□ No	☐ Unsure
	-	ve in or regularly visit a house or child care facility built before 1950?	☐ Yes	☐ No	☐ Unsure
Tuberculosis	Was your child born in a country at high risk for tuberculosis (countries other than the United States, Canada, Australia, New Zealand, or 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
		ber or contact had tuberculosis or a positive tuberculin skin test?	☐ Yes	□ No	☐ Unsure
	Is your child infected with HIV?		☐ Yes	□ No	☐ Unsure
Oral Health	· ·	blem for you or anyone else in your family?	☐ Yes	☐ No	☐ Unsure
	Does your child sleep with a bottle?		☐ Yes	☐ No	☐ Unsure
	1	ontinuously breastfeed through the night?	☐ Yes	□ No	☐ Unsure
Does your child	have any special he	ealth care needs?			
		s in your family lately?			



Over the past 2 weeks, now often have you been bothered by any of the following problems?							
1. Little interest or pleasure in doing things \Box !	ot at all □ Several days □ More than half the days □ Nearly every day						
2. Feeling down, depressed, or hopeless	ot at all □ Several days □ More than half the days □ Nearly every day						
Adapted with permission from "Efficient Identification of Adults with Depres	n 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? \square No \square Yes							
Your Growing and Developing Baby							
Do you have specific concerns about your baby's learning, development, or behavior? No Ves, describe:							
Check off each of the tasks that your baby is a	le to do.						
☐ Rolls over	☐ Likes to look around						
Sits briefly, leans forward	☐ Begins name recognition						
☐ Likes to play with you	☐ Smiles at people he knows						
☐ Babbles and tries to "talk" to y							
<u> </u>	= 1 die dinige in normodal						



American Academy of Pediatrics



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.