

## **Bright Futures Previsit Questionnaire 4 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 yo	ou like to talk about today?			
Do you have any	concerns, question	ns, or problems that you would l	ike to discuss today?			
We are interested	d in answering you	r questions. Please check off the	e boxes for the topics you would like to discuss the	most toda	ıy.	
How Your Family Is Doing		☐ Taking time for yourself ☐ Having time alone with your partner ☐ Spending time alone with each of your children ☐ Returning to work or school ☐ What is good child care				
Your Changing Baby		☐ Where your baby sleeps ☐ How your baby sleeps ☐ How to keep your baby safe while sleeping ☐ Tummy time for playtime with you ☐ How to calm your baby ☐ Keeping daily routines				
Feeding Your Baby		☐ Breastfeeding ☐ Formula feeding ☐ How your baby is growing ☐ Starting solid foods ☐ Food allergies ☐ Your child's weight				
Healthy Teeth		☐ Using a pacifier ☐ Teething	ng 🗖 Drooling 🗖 Not using a bottle in bed			
Safety		-	☐ Car safety seats ☐ Preventing falls, burns, and choking ☐ Not using walkers ☐ Drowning and pools ☐ How to check for lead in your home ☐ Checking the hot water heater temperature			
		Questic	ons About Your Baby			
Have any of your baby's relatives d		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
Anemia	Is your child drink	ing anything other than breast milk	c or iron-fortified formula?	☐ Yes	□ No	☐ Unsure
Does your child h	nave any special he	ealth care needs? 🔲 No 👊	Yes, describe:			
		here been any major changes in				
☐ Move ☐ Job	change 🖵 Sepa	ration $\square$ Divorce $\square$ Death in	the family Any other changes?			
Does your child I	ive with anyone w	no uses tobacco or spend time in	n any place where people smoke? 🖵 No 💢 Yes			
		Your Growi	ng and Developing Baby			
Do you have spe	cific concerns abo	ıt your baby's learning, developr	ment, or behavior? $\square$ No $\square$ Yes, describe:			
Check off each o	f the tasks that you	ur baby is able to do.				
	Smiles to get your		☐ Likes to cuddle			
	■ Keeps nead steady ■ Begins to roll and	when sitting up on your lap reach for objects	☐ Lets you know when she likes something☐ Lets you know when he does not like something			
	Wants you to play	•	☐ Uses arms to lift chest			
	Can calm down on	his own	☐ Babbling			



American Academy of Pediatrics



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