



Child Name: \_\_\_\_\_

## Bright Futures Previsit Questionnaire 2 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

- ☐ Getting back to normal activities ☐ Feeling sad ☐ Your partner helping you take care of your home and baby  
☐ Help taking care of your baby ☐ Brothers and sisters getting along with your baby ☐ Taking time for yourself  
☐ Finding time alone with your partner

#### Your Growing Baby

- ☐ How you are doing with your baby ☐ Where your baby sleeps ☐ How your baby sleeps  
☐ How to keep your baby safe while sleeping ☐ Tummy time for playtime with you ☐ Rolling over  
☐ Talking with your baby ☐ Calming your baby ☐ Daily routines

#### Your Baby and Family

- ☐ Leaving your baby when going to work or school ☐ Finding good child care

#### Feeding Your Baby

- ☐ Feeding routine ☐ When to begin solid food ☐ Holding ☐ Burping ☐ Your child's weight  
☐ Knowing when your baby is hungry or full ☐ Help with breastfeeding ☐ Formula feeding

#### Safety

- ☐ Car safety seats ☐ How to check hot water temperature ☐ Choking  
☐ Preventing falls from rolling over ☐ Bathtub safety ☐ Cigarette smoke

### 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?

\_\_\_\_\_

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

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 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"/> Smiles       | <input type="checkbox"/> Comforts self (brings hands to mouth)                     | <input type="checkbox"/> Moves both arms and legs together  |
| <input type="checkbox"/> Coos         | <input type="checkbox"/> Has different types of cries to show hunger or when tired | <input type="checkbox"/> Holds head up when held            |
| <input type="checkbox"/> Looks at you | <input type="checkbox"/> Fusses if bored   | <input type="checkbox"/> Pushes head up when lying on tummy |



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\*\*\* CONTINUE TO BACK FOR IMPORTANT HEALTH AND SAFETY QUESTIONS \*\*\*



Child Name: \_\_\_\_\_

***The questions below are to be answered by PARENT/LEGAL GUARDIAN.***

## HEALTH AND SAFETY

We are devoted to the health and safety of you and your family. Please tell us how comfortable you feel with the following necessities:

I have enough **MONEY** to provide for my family.

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Strongly Disagree        | Somewhat Disagree        | Neutral                  | Somewhat Agree           | Strongly Agree           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

I am able to provide **FOOD** for my family.

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Strongly Disagree        | Somewhat Disagree        | Neutral                  | Somewhat Agree           | Strongly Agree           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

I am able to provide **HOUSING** for my family.

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Strongly Disagree        | Somewhat Disagree        | Neutral                  | Somewhat Agree           | Strongly Agree           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

I am able to provide or arrange **TRANSPORTATION** for my family.

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Strongly Disagree        | Somewhat Disagree        | Neutral                  | Somewhat Agree           | Strongly Agree           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |