



Child Name: _____

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 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 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 ☐ 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

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

Hearing	Do you have concerns about how your child hears?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Vision	Do you have concerns about how your child sees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Anemia	Is your child drinking anything other than breast milk or iron-fortified formula?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?

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 learning, development, or behavior? ☐ No ☐ Yes, describe:

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

- | | |
|--|--|
| <input type="checkbox"/> Smiles to get your attention | <input type="checkbox"/> Likes to cuddle |
| <input type="checkbox"/> Keeps head steady when sitting up on your lap | <input type="checkbox"/> Lets you know when she likes something |
| <input type="checkbox"/> Begins to roll and reach for objects | <input type="checkbox"/> Lets you know when he does not like something |
| <input type="checkbox"/> Wants you to play | <input type="checkbox"/> Uses arms to lift chest |
| <input type="checkbox"/> Can calm down on his own | <input type="checkbox"/> Babbling |



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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"/>