



Baby's Name: _____

DOB: _____

Date: _____

Bright Futures Parent Supplemental Questionnaire 1 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 circle Yes or No for each question. Thank you.

How You Are Feeling: Parental Well-being

Do you still have pain from the delivery?	No	Yes
Are you happy in your relationships with your partner, family, and friends?	Yes	No

Your Baby and Family: Family Adjustment

Are you happy with your baby?	Yes	No	
Do you feel comfortable caring for your baby?	Yes	No	
Do you have enough money for food, clothing, diapers, and child care?	Yes	No	
Are you able to pay for housing?	Yes	No	
Does your partner help care for the baby and help around the house?	Yes	No	
Do you ever feel afraid of your partner?	No	Yes	
Do you have people you can call if you are feeling frustrated?	No	Yes	
If you have older children, are they getting along with the baby?	N/A	Yes	No
Are you able to spend time alone with your older children?	N/A	Yes	No
How many hours per day does your baby watch TV?	_____ hours		

Getting to Know Your Baby: Infant Adjustment

Does your baby sleep on his back?	Yes	No
Does your baby sleep in a crib in your room?	Yes	No
Can you tell what your baby wants by how she cries?	Yes	No
Are you able to calm your baby?	Yes	No
Does your baby spend time with you on his tummy when awake?	Yes	No
Do you play and talk with your baby when she is awake?	Yes	No
Do you and your baby have a sleep/wake schedule?	Yes	No
Does your baby use a pacifier?	Yes	No



Feeding Your Baby: Feeding Routines

Do you have any breast pain or pain from breastfeeding?	No	Yes
Can you tell when your baby is hungry?	Yes	No
Can you tell when your baby is full?	Yes	No
Do you ever prop the bottle or put your baby to bed with a bottle?	No	Yes
Is your baby having at least 6–8 wet diapers each day?	Yes	No
Are you able to burp your baby?	Yes	No

Safety

Do you always use a car safety seat?	Yes	No
Is your baby's car safety seat always rear-facing in the back seat of the car?	Yes	No
Are you having any problems with your car safety seat?	No	Yes
Are your home and car smoke free?	Yes	No
Does anyone smoke around your child?	No	Yes
If you smoke, would you like information on how to stop?	Yes	No
Do you always feel that you and your baby are safe in your home?	Yes	No
Do you always keep one hand on your baby when changing him on a changing table or couch?	Yes	No
Do you have a list of emergency numbers?	Yes	No
Do you know how to take your baby's temperature rectally?	Yes	No
Do you know when to call your baby's doctor?	Yes	No
Does your baby wear a pacifier or jewelry around her neck?	No	Yes



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Bright Futures Medical Screening Questionnaire

1 Month Visit

Please answer the following questions about your child's health by circling Y, N, or Unsure.

Do you have concerns about how your child sees?	Y	N	Unsure
Has a family member or contact had tuberculosis or a positive tuberculin skin test?	Y	N	Unsure
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)?	Y	N	Unsure
Has your child traveled (had contact with resident populations) for longer than 1 week to a country at high risk for tuberculosis?	Y	N	Unsure



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Bright Futures Parent Handout 1 Month Visit

Here are some suggestions from Bright Futures experts that may be of value to your family.

PARENTAL WELL-BEING

How You Are Feeling

- Taking care of yourself gives you the energy to care for your baby. Remember to go for your postpartum checkup.
- Call for help if you feel sad or blue, or very tired for more than a few days.
- Know that returning to work or school is hard for many parents.
- Find safe, loving child care for your baby. You can ask us for help.
- If you plan to go back to work or school, start thinking about how you can keep breastfeeding.

SAFETY

Safety

- Use a rear-facing car safety seat in all vehicles.
- Never put your baby in the front seat of a vehicle with a passenger air bag.
- Always wear your seat belt and never drive after using alcohol or drugs.
- Keep your car and home smoke free.
- Keep hanging cords or strings away from and necklaces and bracelets off of your baby.
- Keep a hand on your baby when changing clothes or the diaper.

INFANT ADJUSTMENT

Getting to Know Your Baby

- Have simple routines each day for bathing, feeding, sleeping, and playing.
- Put your baby to sleep on his back.
 - In your room.
 - Not in your bed.
 - In a crib, with slats less than 2³/₈ inches apart.
 - With the crib's sides always up.
- If using a playpen, make sure the weave is less than 1/4 inch and never leave the baby in it with the drop side down.
- Hold and cuddle your baby often.
 - Tummy time—put your baby on his tummy when awake and you are there to watch.
- Crying is normal and may increase when your baby is 6–8 weeks old.
- When your baby is crying, comfort him by talking, patting, stroking, and rocking.
- *Never shake your baby.*
- If you feel upset, put your baby in a safe place; call for help.

FAMILY ADJUSTMENT

Your Baby and Family

- Plan with your partner, friends, and family to have time for yourself.
- Take time with your partner too.
- Let us know if you are having any problems and cannot make ends meet. There are resources in our community that can help you.
- Join a new parents group or call us for help to connect to others if you feel alone and lonely.
- Call for help if you are ever hit or hurt by someone and if you and your baby are not safe at home.
- Prepare for an emergency/illness.
 - Keep a first-aid kit in your home.
 - Learn infant CPR.
 - Have a list of emergency phone numbers.
 - Know how to take your baby's temperature rectally. Call us if it is 100.4°F (38.0°C) or higher.
- Wash your hands often to help your baby stay healthy.

FEEDING ROUTINES

- Pat, rock, undress, or change the diaper to wake your baby to feed.
- Feed your baby when you see signs of hunger.
 - Putting hand to mouth
 - Sucking, rooting, and fussing
- End feeding when you see signs your baby is full.
 - Turning away
 - Closing the mouth
 - Relaxed arms and hands
- Breastfeed or bottle-feed 8–12 times per day.
- Burp your baby during natural feeding breaks.
- Having 5–8 wet diapers and 3–4 stools each day shows your baby is eating well.

If Breastfeeding

- Continue to take your prenatal vitamins.
- When breastfeeding is going well (usually at 4–6 weeks), you can offer your baby a bottle or pacifier.

If Formula Feeding

- Always prepare, heat, and store formula safely. If you need help, ask us.
- Feed your baby 2 oz every 2–3 hours. If your baby is still hungry, you can feed more.
- Hold your baby so you can look at each other.
- Do not prop the bottle.

What to Expect at Your Baby's 2 Month Visit

We will talk about

- Taking care of yourself and your family
- Sleep and crib safety
- Keeping your home safe for your baby
- Getting back to work or school and finding child care
- Feeding your baby

Poison Help: 1-800-222-1222

Child safety seat inspection:
1-866-SEATCHECK; seatcheck.org



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