

American Academy of Pediatrics



# BRIGHT FUTURES PREVISIT QUESTIONNAIRE

## FIRST WEEK VISIT (3 TO 5 DAYS)

To provide you and your baby with the best possible health care, we would like to know how things are going. Please answer all 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?  No  Yes, describe:

### TELL US ABOUT YOUR BABY AND FAMILY.

What excites or delights you most about your baby?

Does your baby have special health care needs?  No  Yes, describe:

Have there been major changes lately in your family's life?  No  Yes, describe:

Have any of your baby's relatives developed new medical problems since your last visit?  No  Yes  Unsure If yes or unsure, please describe:

Does your baby live with anyone who smokes or spend time in places where people smoke or use e-cigarettes?  No  Yes  Unsure

### 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"/> Stay awake for a short time to feed.            | <input type="checkbox"/> Calm to an adult's voice.   | <input type="checkbox"/> Move her arms and legs at the same time when startled. |
| <input type="checkbox"/> Make brief eye contact with an adult when held. | <input type="checkbox"/> Lift and turn his head to the side briefly when he is on his tummy. | <input type="checkbox"/> Keep his hands in a fist.                              |
| <input type="checkbox"/> Cry when she is uncomfortable.                  |  |   |

## FIRST WEEK VISIT (3 TO 5 DAYS)

### RISK ASSESSMENT

<b>Vision</b>	Do you have concerns about how your baby sees?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
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### ANTICIPATORY GUIDANCE

How are things going for you, your baby, and your family?

#### YOUR FAMILY'S HEALTH AND WELL-BEING

Living Situation and Food Security			
Is permanent housing a worry for you?	<input type="radio"/> No	<input type="radio"/> Yes	
Do you have the things you need to take care of your baby, such as a crib, a car safety seat, and diapers?	<input type="radio"/> Yes	<input type="radio"/> No	
Does your home have enough heat, hot water, and electricity?	<input type="radio"/> Yes	<input type="radio"/> No	
Do you have health insurance for yourself?	<input type="radio"/> Yes	<input type="radio"/> No	
Within the past 12 months, were you ever worried whether your food would run out before you got money to buy more?	<input type="radio"/> No	<input type="radio"/> Yes	
Within the past 12 months, did the food you bought not last, and you did not have money to get more?	<input type="radio"/> No	<input type="radio"/> Yes	
Do you need help in finding community support services, such as WIC or food stamps?	<input type="radio"/> No	<input type="radio"/> Yes	
Family Support			
Do you search the Internet to learn about how to care for your baby?	<input type="radio"/> No	<input type="radio"/> Yes	

#### GETTING TO KNOW YOUR BABY

How You Are Feeling			
Do you sleep when the baby sleeps?	<input type="radio"/> Yes	<input type="radio"/> No	
Does your partner or do other family members help with the baby?	<input type="radio"/> Yes	<input type="radio"/> No	
If you have other children, are you able to spend time with them?	<input type="radio"/> NA	<input type="radio"/> Yes	<input type="radio"/> No

#### CARING FOR YOUR BABY

Do you read to your baby?	<input type="radio"/> Yes	<input type="radio"/> No	
Is a TV, computer, tablet, or smartphone on in the background when your baby is in the room?	<input type="radio"/> No	<input type="radio"/> Yes	
Is your baby able to fully awaken for feedings?	<input type="radio"/> Yes	<input type="radio"/> No	
Do you have questions about how to calm your baby?	<input type="radio"/> No	<input type="radio"/> Yes	
When to Call Your Doctor/Emergency Planning			
Do you know how to take your baby's temperature rectally?	<input type="radio"/> Yes	<input type="radio"/> No	
Do you have a list of emergency phone numbers?	<input type="radio"/> Yes	<input type="radio"/> No	
Do you have any questions about taking your baby out in public places?	<input type="radio"/> No	<input type="radio"/> Yes	

#### FEEDING YOUR BABY

General Information			
Does your baby feed well?	<input type="radio"/> Yes	<input type="radio"/> No	
Do you have any questions about how your baby is growing?	<input type="radio"/> No	<input type="radio"/> Yes	
Are you having problems burping your baby?	<input type="radio"/> Yes	<input type="radio"/> No	
Can you tell when your baby is hungry?	<input type="radio"/> Yes	<input type="radio"/> No	
Can you tell when your baby is full?	<input type="radio"/> Yes	<input type="radio"/> No	
Does your baby have 5 or 6 wet disposable diapers (or 6–8 cloth diapers) and 3 or 4 stools a day?	<input type="radio"/> Yes	<input type="radio"/> No	

Please print.

## FIRST WEEK VISIT (3 TO 5 DAYS)

### FEEDING YOUR BABY (CONTINUED)

If you are breastfeeding, answer these questions.		
Is breastfeeding uncomfortable or painful?	<input type="radio"/> No	<input type="radio"/> Yes
Do you eat foods that are high in protein (such as eggs, lean meat, poultry, fish, or beans) every day?	<input type="radio"/> Yes	<input type="radio"/> No
Are you continuing to take prenatal vitamins?	<input type="radio"/> Yes	<input type="radio"/> No
Do you take medications (either over-the-counter or prescription) or herbal supplements?	<input type="radio"/> No	<input type="radio"/> Yes
Are you giving your baby vitamin D drops?	<input type="radio"/> Yes	<input type="radio"/> No
If you are formula feeding, or providing formula supplementation, answer these questions.		
Are you using iron-fortified formula?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have any questions about using formula, such as how much it costs or how to prepare it?	<input type="radio"/> No	<input type="radio"/> Yes

### SAFETY

Car and Home Safety		
Is your baby fastened securely in a rear-facing car safety seat in the back seat every time she rides in a vehicle?	<input type="radio"/> Yes	<input type="radio"/> No
Are you having any problems with your car safety seat?	<input type="radio"/> No	<input type="radio"/> Yes
Have you started developing habits that will help prevent you from ever forgetting your baby in the car?	<input type="radio"/> Yes	<input type="radio"/> No
Is your water heater set so the temperature at the faucet is at or below 120°F/49°C?	<input type="radio"/> Yes	<input type="radio"/> No
Safe Sleep		
Does your baby sleep on his back?	<input type="radio"/> Yes	<input type="radio"/> No
Does your baby sleep in a crib?	<input type="radio"/> Yes	<input type="radio"/> No
Does your baby sleep in your room?	<input type="radio"/> Yes	<input type="radio"/> No

Consistent with *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, 4th Edition

For more information, go to <https://brightfutures.aap.org>.

