

2-4 WEEK HEALTH QUESTIONNAIRE



This information is confidential.

Your answers help your physician or nurse practitioner choose the best topics to discuss with you at this visit. Skip any questions you don't understand or do not apply.

PHONE: _____

How are you feeling? Do you have any questions or concerns?

- 1. Do you feed your baby breastmilk? No Yes
If yes, are you taking any medications (prescription or over-the-counter), herbs, or supplements? Yes No
- 2. Do you feed your baby infant formula with iron? No Yes
- 3. Do you feed your baby anything besides breastmilk or formula? Yes No
- 4. Do you always place your baby on his or her back to sleep? No Yes
- 5. Do you place your baby in a car seat facing backwards, in the back seat? No Yes
- 6a. Have you turned your water heater temperature down to low/warm (less than 120°F)? No Yes
- 6b. Do you live in an apartment? No Yes
- 7. Do you ever leave your baby alone on the bed or changing table? Yes No
- 8. Have you checked your crib to make sure it is safe (crib slats should be less than 2 3/8" apart, with no corner posts)? No Yes
- 9. Does your baby spend time in a home where anyone smokes? Yes No
- 10. Have you smoked in the last year? Yes No
- 11. Did you use any drugs or alcohol during your pregnancy? Yes No
- 12. Since your baby was born, have there been any MAJOR illnesses, hospitalizations, changes, or stresses for your family or baby? If yes, please list: Yes No
- 13. Does your baby live with both parents? No Yes
Who else lives in your home?
- 14. Are you planning on working outside the home? Yes No
If yes, what are your plans for child care?
- 15. Do you often feel sad, depressed, or blue? Yes No
- 16. Do you wash your hands before picking up or feeding your baby? No Yes
- 17. When your baby boy urinates (pees), can he shoot it at least a foot? No Yes
- 18. Can your baby lift his or her head slightly when lying on the tummy? No Yes
- 19. Does your baby look at faces? No Yes
- 20. Does your baby follow movement with his or her eyes? No Yes
- 21. Does your baby startle with loud noises? No Yes
- 22. Do you know that a rectal temperature over 100.4°F, vomiting, or poor feeding can mean that your baby is very sick? No Yes
- 23. Does your baby cry for more than three hours a day? Yes No
- 24. Do you shake your baby when angry or frustrated? Yes No
- 25. Has your baby ever had a reaction to a vaccine (such as a high fever)? Yes No

CLINIC COUNSELING

- Questionnaire reviewed
- Pertinent topics discussed and advice given

Sign: _____

Parent signature: _____ Date: _____