4 Month Pre-Visit Questionnaire

Instructions: *Please answer the questions below about your child by circling or putting an X on the correct choice. These questions help us assess the health, development, and safety of your child.*

General Health

1	Do you have concerns about your baby?	NO	YES
2	Does your baby cry for longer than 30 minutes at a time?	NO	YES
3	Has your baby had any problems with shots or immunizations?	NO	YES

Feeding/Nutrition

4	Is your baby breastfeeding?	YES	NO
	a. How many times a day does your baby breastfeed?		
	b. If your baby is getting breast milk, are you giving bottles of pumped milk?	YES	NO
5	Is your baby taking (drinking) formula?	YES	NO
	a. How many times a day does your baby drink formula?		
	b. Which formula are you feeding your baby?		
6	Are you feeding your baby anything other than breastmilk or formula?	NO	YES
7	Is your baby getting an infant multivitamin or a vitamin D supplement?	YES	NO

Oral Health

8	Do you put your baby to bed with a bottle?	NO	YES

Elimination

9	Does your baby have any problems with bowel movements (going poop)?	NO	YES
10	Is your baby urinating (peeing) well?	YES	NO

Sleep

11	Do you put baby in the crib when drowsy, not fully asleep?	YES	NO
12	Do you have any questions or concerns about your baby's sleep habits?	NO	YES

Development

13 Does your baby coo, babble, and laugh?	YES	NO
14 Does your baby move all arms and legs well?	YES	NO
15 Does your baby try to reach for objects?	YES	NO
16 Does your baby roll over?	YES	NO
17 Does your baby lift his/her upper body on elbows?	YES	NO
18 Does your baby have good head control?	YES	NO
19 Do you hold, cuddle, talk, and play with your baby?	YES	NO

Social Stressors

20 If there are other children in the house, are they adjusting well to your baby?	YES	NO	Doesn't apply
21 Are you having any family stress?	NO	YES	
22 Within the past 12 months have you worried that your food would run out before you got money to buy more?	NO	YES	SOMETIMES
23 Within the past 12 months did you run out of food and you didn't have money to get more?	NO	YES	SOMETIMES
24 Do you ever feel angry or frustrated with your baby?	NO	YES	

Safety

25 Does your baby sleep on his/her back?	YES	NO	
26 Where does your baby sleep?	Crib/Bassinet	Other	
27 Do you always keep a hand on your baby when placed above the floor? (like on a changing table)	YES	NO	
28 Does your baby wear any jewelry (including necklaces)?	NO	YES	
29 Does your baby ride in a rear-facing safety seat, in the back seat?	YES	NO	
30 Does anyone smoke or vape around your baby?	NO	YES	
31 Do you have working smoke and carbon monoxide detectors in your home?	YES	NO	
32 If your child has fair skin, do you apply sunscreen if out in the sun for longer than 15-30 minutes?	YES	NO	Doesn't apply

Postnatal Depression

Instructions: *Please check the box to the left of the answer that comes closest to how you have felt* ***in the past seven (7) days****, not just how you feel today:*

1 I have been able to laugh and see the funny side of things:

☐As much as I always could ☐Not quite so much now ☐Definitely not so much now ☐Not at all

2 I have looked forward with enjoyment to things:

☐As much as I ever did ☐Rather less than I used to ☐Definitely less than I used to ☐Hardly at all

3 I have blamed myself unnecessarily when things went wrong:

☐Yes, most of the time ☐Yes, some of the time ☐Not very often ☐No, never

4 I have been anxious or worried for no good reason:

☐No, not at all ☐Hardly ever ☐Yes, sometimes ☐Yes, very often

5 I have felt scared or panicky for no good reason:

☐Yes, quite a lot ☐Yes, sometimes ☐No, not much ☐No, not at all

6 Things have been getting to me:

☐Yes, most of the time I haven't been able to cope at all ☐ Yes, sometimes I haven't been coping as well as usual ☐No, most of the time I have coped quite well ☐No, I have been coping as well as ever

7 I have been so unhappy that I have had difficulty sleeping:

☐Yes, most of the time ☐Yes, sometimes ☐No, not very much ☐No, not at all

8 I have felt sad or miserable:

☐Yes, most of the time ☐Yes, quite often ☐Not very often ☐No, not at all

9 I have been so unhappy that I have been crying:

☐Yes, most of the time ☐Yes, quite often ☐Only occasionally ☐No, never

10 The thought of harming myself has occurred to me:

☐Yes, quite often ☐Sometimes ☐Hardly ever ☐Never